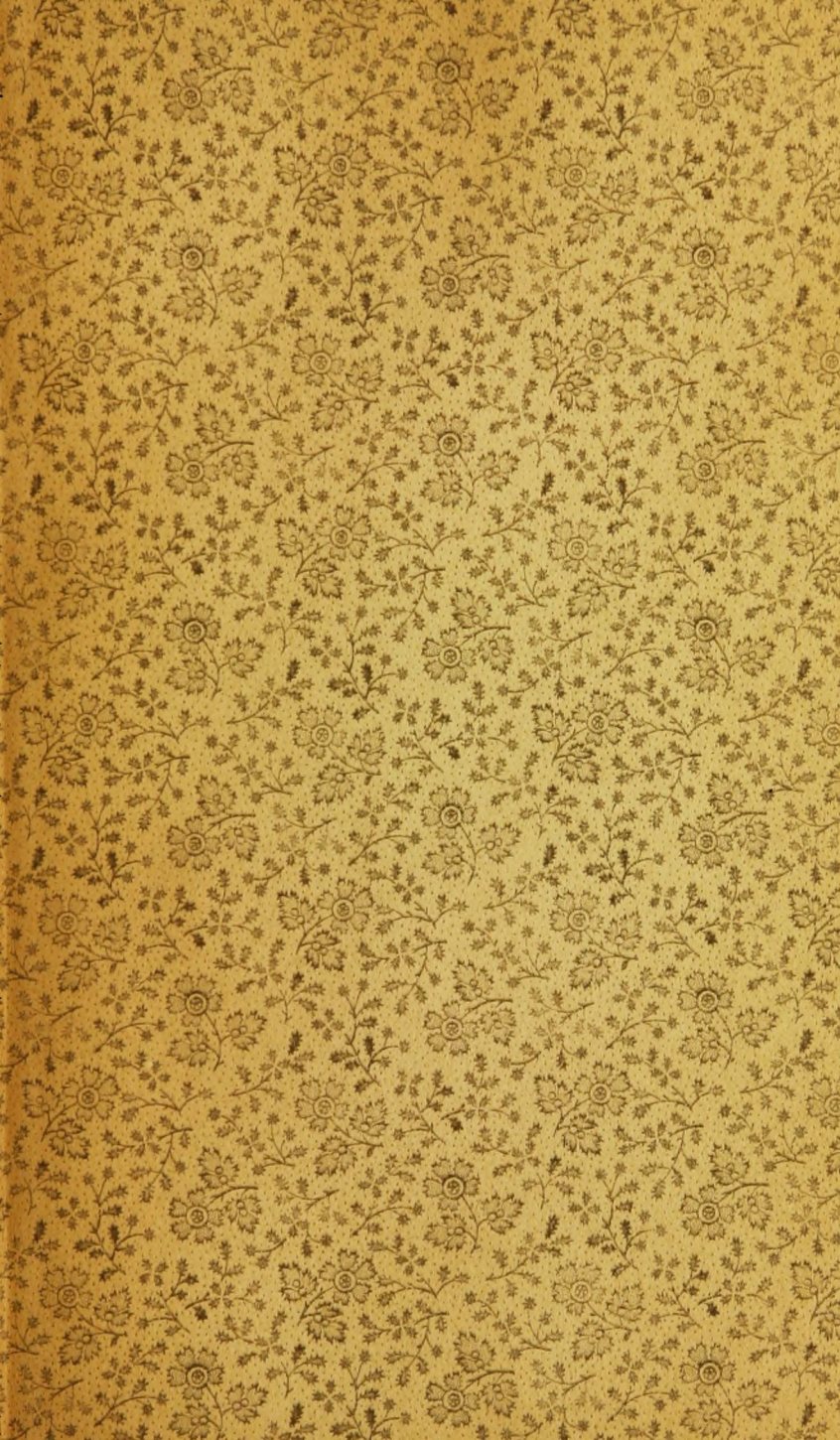


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THE
PROCEEDINGS
AND
MEDICAL COMMUNICATIONS
OF THE
CONNECTICUT MEDICAL SOCIETY.

SECOND SERIES—VOLUME I;
BEING NUMBERS I—IV, FOR 1860—1863.

NEW HAVEN:
PRINTED BY E. HAYES, 426 CHAPEL ST.
1863.

INDEX TO VOLUME I.

The numbers prefixed by R. refer to the second part of the volume.

A

- Addresses and Dissertations delivered by Convention, 344 of, 21, R. 41, R. 63, R. 292.
 Advisory Board, appointment of, R. 29.
 Report of, R. 29, R. 117.
 Arter. Surgeons, violation of, J. Woodford, 254.

B

- Backus, Josiah G., Biographical Sketches, 117, 292, 299. Medical Progress, 143. Dignity and Grandeur of Medical Profession, 217.
 BOSTONIAN SOCIETY—
 of Bur. Rogers, Thomas Moore, 52.
 - Joseph F. Jewett, J. D. Wilson, 57.
 - Horatio Dye, J. R. Lewis, 59.
 - James Mayes, L. S. Padlock, 65.
 - Ambrose Ives, P. G. Rockwell, 67.
 - Charles Babbler, P. G. Rockwell, 69.
 - William Tully, Henry Brown, 109.
 - Geo. Seymour, J. G. Seabrook, 117.
 - Fred W. Shepard, S. W. Tower, 123.
 - Anne Moody, S. H. Coffin, 175.
 - Reynolds Webb, Joel Chafford, 179.
 - Wm. S. Plamson, A. Morrill, 122.
 - Luther Tucker, J. G. Seabrook, 202.
 - Julius Williams, J. G. Seabrook, 209.

- Blood, plastic constituents of, L. J. Sanford, 187.
 Brown, Henry, Biographical Sketch, 109.
 Burt, Henry W., Report of Case of Publication, R. 599.
 Burr, Wm., Report of Case on Examination, R. 245.

C

- Cabot in Scorbis, E. K. Hunt, 243.
 Chafford, Joel, Biographical Sketch, 179.
 Report of Case on Examination, R. 71.

- Coffin, Benjamin H., Biographical Sketch, 171. Hypodermic Medication, 181. Report of Case to nominate Professors, 71. Report of Case on Registration, R. 72.
 Cordes-Spinal Disease, case of, R. Downing, 213.
 Committee on Examination, report of, 71, R. 71, R. 105.
 Committee to nominate Professors, report of, 72, R. 108.
 Committee of Publication, report of, 74, R. 42, R. 72, R. 109.
 Committee on Registration, report of, R. 73, R. 110.
 Committee on reorganization of Society, report of, R. 48.
 Committee on Russell prize donation, report of, R. 125.
 Crary, David, two anomalous cases of Disease, 202.
 Crystalline Lens, physiology of, M. G. White, 212.

D

- Downing, Ralph, Case of Cordes-Spinal Disease, 213.
 Diphtheria, Geo. B. Hamby, 205.
 Disease, two anomalous cases of, D. Crary, 202.
 Duties of County Clerks, 29, R. 29, R. 67, R. 100.

E

- Early Physicians of Norwich, sketches of, A. Woodford, 167.
 External Thor. Artery, case of ligation of, J. W. Linton, 218.

H

- Hale, A. B., Hygiene, 27.
 Hall, R. George, Sympathetic Nerve, 228.

Hastings, Fane M., Report of Com. of Publication, 74. Report of Com. of Publication, 72.

Hawley, George E., Dysphasia, 205.

Hereditary Predisposition, *J. B. Lewis*, 87.

Holt, Ebenezer A., Calumny in Academies, 745. Report of Com. on Registration, 4. 119. Report of Com. on Russell prize donation, 4. 125.

Hygiene, *A. B. Hall*, 27.

Hypodermic Medication, *E. H. Coffin*, 183.

I

Ives, Charles L., Report of Com. on re-organization of Society, 4. 45.

J

Jackson, James C., Logic applied to Medical Science, 745.

K

Knight, Henry M., Report of Com. to constitute Professors, 4. 195.

L

Leaton, John W., Case of ligation of External Ilac Artery, 218.

Lewis, John E., Biographical Sketch, 53. Hereditary Predisposition, 87.

Life, President's Address, *A. Woodward*, 71.

Logic applied to Medical Science, *J. C. Jackson*, 745.

M

Medical Ethics, President's Address, *A. Woodward*, 25.

Medical Professors—digitalis and grandeur of, President's Address, *J. G. Rockwell*, 221.

Medical Progress, President's Address, *J. G. Rockwell*, 145.

Measures or Society—

Honorary, 15, 4. 23, 4. 31, 4. 91.

Ordinary, 15, 4. 25, 4. 31, 4. 96.

Moss, Thomas, Biographical Sketch, 57.

Murison, Albert, Biographical sketch, 122.

O

Obituary Record, 13, 4. 29, 4. 37, 4. 106.

Officers of Society, 3, 4. 21, 4. 59, 4. 91.

P

Peabody, L. S., Biographical Sketch, 65.

Proceedings of Convention, 2, 4. 23, 4. 32, 4. 81.

R

Rochester, F. H. G., Biographical Sketches, 47, 49. Report of Com. of Publication, 4. 43.

Rules of Order, 20, 4. 40, 4. 68, 4. 101.

Russell, Gordon W., Report of Advisory Board, 4. 78, 4. 117.

S

Sawford, Leonard J., Plastic constitution of Blood, 187.

Society Report of Hartford County, *L. E. Wilson*, 43, 105, 281.

Standing Committees, 2, 4. 21, 4. 59, 4. 91.

Suspension and Amputation appointed to Regiments of Conn. Volunteers, list 45, 4. 119.

Surgery, anomalous case of, *M. C. Wright*, 289.

Synapsalike Nerve, *N. Gregory Hall*, 106.

T

Turvey, Sylvester W., Biographical Sketch, 153.

W

Wells, James, Report of Com. on Examination, 71.

White, Moss C., Physiology of the Crystalline Lens, 272. Report of an anomalous Surgical Case, 783.

Wilson, Justin D., Biographical Sketch, 57.

Wilson, Lucius S., Society Report of Hartford County, 43, 105, 281.

Woodward, Albert, Medical Ethics, 25. Life, 71. sketches of early Physicians of New York, 187. Vindication of Army Surgeons, 256.

PROCEEDINGS

OF THE

SIXTY-SIXTH ANNUAL CONVENTION

OF THE

Conn. Medical Society,

MAY, 1858,

WITH A LIST OF MEMBERS.

HARTFORD:

PRESS OF CASE, LOCKWOOD AND COMPANY.

1858.

Officers of the Society
FOR 1858-9.

ASHBEL WOODWARD, M. D., PRESIDENT.
J. G. BECKWITH, M. D., VICE-PRESIDENT.
G. O. SUMNER, M. D., TREASURER.
P. M. HASTINGS, M. D., SECRETARY.

Standing Committees.

Committee of Revision.

ASHBEL WOODWARD, M. D., *ex officio*.
P. G. ROCKWELL, M. D.
BENJAMIN B. DEAN, M. D.
B. N. COMINGS, M. D.
WILLIAM B. CASEY, M. D.
TIMOTHY DIMMOCK, M. D.

Committee to nominate Physician to the Hospital for the Insane.

C. B. BROMLEY, M. D.
N. B. IVES, M. D.
GEORGE BLACKMAN, M. D.
B. B. NORTH, M. D.
WILLIAM WOODERIDGE, M. D.

*Committee to nominate Professors in the Medical Institution of Yale
College.*

ROBERT HUBBARD, M. D.
L. S. BEARDSLEY, M. D.
RUFUS BLAKEMAN, M. D.
WILLIAM WOODRUFF, M. D.
JOHN B. LEWIS, M. D.

Committee on Registration.

J. G. BECKWITH, M. D.
S. G. HUBBARD, M. D.
GURDON W. RUSSELL, M. D.

Committee of Publication.

P. A. JEWETT, M. D.
GEORGE W. BURKE, M. D.
P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.
P. G. ROCKWELL, M. D.

PROCEEDINGS

THE Annual Convention of the Presidents and Fellows of the Connecticut Medical Society was held in the city of Waterbury, May 26th and 27th, 1858.

The Convention was called to order by the President at 11 o'clock A. M.

Drs. Wm. Woodruff, D. C. Lathrop, and L. J. Sanford were appointed a Committee on Credentials.

Dr. Woodruff, Chairman, reported the following list of Fellows, elected by the several County Societies, viz.:

FELLOWS.

HARTFORD COUNTY.

Thomas Mear, M. D.	F. M. Hastings, M. D.
William S. Preuss, M. D.	C. M. Brewster, M. D.
George A. Moody, M. D.	

NEW LONDON COUNTY.

Levi S. Paddock, M. D.	* Benjamin D. Dean, M. D.
Isaac G. Porter, M. D.	George E. Palmer, M. D.
John C. Butler, M. D.	

FAIRFIELD COUNTY.

S. D. Heigh, M. D.	* L. W. Barrin, M. D.
* D. S. Bass, M. D.	S. S. Noyes, M. D.
Robert Hubbard, M. D.	

MIDDLESEX COUNTY.

Wm. B. Coey, M. D.	F. W. Shepard, M. D.
Miner C. Hays, M. D.	

NEW HAVEN COUNTY.

M. C. Leaveworth, M. D.	Abner Talbot, M. D.
J. Knight, M. D.	W. C. Williams, M. D.
L. J. Sanford, M. D.	

WINDHAM COUNTY.

- | | |
|-------------------------|---------------------------|
| * Dyer Hughes, M. D. | * Art Winter, M. D. |
| Dewitt C. LaRoop, M. D. | * William A. Lewis, M. D. |
| Wm. Woodbridge, M. D. | |

LIVERPOOL COUNTY.

- | | |
|-----------------------|-------------------------|
| Barry B. North, M. D. | William Woodruff, M. D. |
| R. M. Fowler, M. D. | A. M. Hoxley, M. D. |
| D. H. W. Camp, M. D. | |

TOLLAND COUNTY.

- | | |
|----------------------|---------------------------|
| John R. Lewis, M. D. | Gilbert H. Preston, M. D. |
| Wm. S. Clark, M. D. | |

On motion, adjourned to 1½ o'clock P. M.

The Convention was called to order at 1½ o'clock P. M.

Benjamin B. Cutler, M. D., the President, then delivered his second Annual Address, "On the Claims of the Regular Medical Profession upon the Confidence of the Community."

On motion, an unanimous vote of thanks was presented to Dr. Cutler for his able and interesting Address, and a copy requested for publication.

The Convention then proceeded to the election of officers for the ensuing year. The following gentlemen were elected, viz.:

- ASHBEL WOODWARD, M. D., PRESIDENT.
 J. G. BECKWITH, M. D., VICE-PRESIDENT.
 G. O. SUMNER, M. D., TREASURER.
 P. M. HASTINGS, M. D., SECRETARY.

The President appointed the following Committee on the Unfinished Business of the last year: viz., Drs. C. M. Brownell, Wm. B. Casey, and Wm. Woodruff.

Dr. Ellsworth presented a copy of the Transactions of the New York State Medical Society for 1858, from Sylvester D. Willard, M. D., Secretary.

On motion, a vote of thanks was passed, and the Secretary was directed to notify Dr. Willard of the acceptance of his valuable gift.

The Treasurer, Dr. Sumner, presented his annual report, which was accepted and referred to the following Committee, to be audited: viz., Drs. Pierson, Palmer, Noyes, Leaveworth, Woodbridge, Hoxley, and Preston.

General Summary of the Treasurer's Report.

Cash in Treasury,	- - - -	\$110.77
Due from County Clerks,	- - - -	\$994.38
Deduct one-half for bad debts, abate- ments, and commissions, &c.,	- - - -	497.49
		<hr/> 497.49
Total Cash and due from Clerks,	- - - -	\$1688.26
The Society owes for outstanding debentures,	- - - -	363.25
		<hr/>
Leaving balance in favor of Society,		\$1325.01

The Auditing Committee reported through their Chairman, Dr. Pierson, that they had examined the accounts of the Treasurer and found them to be correct.

Report was accepted.

Drs. Moody, Bolles, and Haight were appointed a Committee on Debentures.

Drs. Knight, Porter, Hubbard, Lathrop, Fowler, Carey, Clark, were appointed a Committee to nominate Delegates to the American Medical Association for the year 1859.

Drs. Paddock, Hubbard, Miner, Sandford, Woodbridge, Camp, and J. B. Lewis, Committee on Gratuitous Students.

Drs. Takett, Pierson, J. G. Porter, Haight, Shepard, Lathrop, North, and Clark, Committee on Honorary Degrees and Honorary Memberships.

Drs. Woodruff, Palmer, and Sandford, Committee to nominate Dissertations.

Dr. C. M. Brownell, Chairman of Committee on Unfulfilled Business, reported, that they found one resolution in the proceedings of the past year, which seemed to require attention, referring to the relations which were said to exist between certain members of the Society and irregular practitioners of medicine.

On motion, the Convention resolved itself into a Committee of the Whole, and took up the matter informally, Dr. Knight in the Chair. After full and free discussion, Dr. Rockwell offered the following resolution, which was passed by the Committee; viz.:

Resolved, That it is in violation of the letter and spirit of our By-Laws and code of Ethics, both National and State, to hold any professional consultation, either surgical or medical, with any practitioner of any irregular sect in medicine.

The Committee then rose and reported the above resolution to the Convention.

The report of the Committee was unanimously adopted.

The Committee appointed to procure materials for Biographical Sketches of deceased members of the Society, not being ready to report, was continued for another year.

Adjourned.

Evening Session, 7½ o'clock.

Convention called to order.

On ballot, the following gentlemen were elected to fill vacancies in the Standing Committees.

Committee on Examinations, Drs. B. N. Conings, William B. Casey, and Timothy Dismareck.

Committee to nominate Physician to the Retreat for the Insane, Drs. B. B. North and William Woodbridge.

Committee to nominate Professors in Medical Institution of Yale College, Drs. William Woodruff, John B. Lewis, and Rufus Blakeman.

Committee on Registration, Dr. G. W. Russell.

Committee of Publication, Drs. Hastings, Robert Hubbard, and P. G. Rockwell.

Dr. Knight, Chairman, reported the following names of Delegates to the American Medical Association; viz.:

Drs. H. A. Grant, J. B. Lewis, A. B. Halle, and F. S. Dickinson.

Report accepted, and the above named gentlemen were appointed to represent this Society at the next meeting of the National Medical Association.

Dr. Paddock, Chairman, reported the names of Lewis H. Allen, from New Haven County, and J. W. Barker, from Middlesex County, elected by the County Societies; also Nelson G. Hall and Henry A. Hoyt, of New Haven County, and Charles H. Hubbard, of Middlesex County,—as proper persons to recommend for gratuitous course of Lectures.

Report adopted.

Dr. Talcott, Chairman, reported that they would recommend for Honorary Membership, James McNaughton, M. D., of Albany, and Usher Parsons, M. D., of Providence. For Honorary Degree, Nathaniel D. Haight, of Stamford.

Report adopted.

Dr. Jewett, from Committee of Publication, reported the following papers, as worthy of publication with the proceedings of this Convention; viz., "On Puerperal Convulsions," by C. A. Lindsay,

M. D., of New Haven: "On Human Embryology," by C. L. Ives, M. D., of New Haven, both read before the New Haven County Medical Society; "On Surgical Diseases of the Rectum," by L. S. Paddock, M. D., of Norwich, read before the New London County Medical Society; a Sanitary Report, by A. W. Barrows, M. D., of Hartford; a Biographical Sketch of Wm. C. Williams, M. D., by Wm. Scott, M. D., of Manchester, both read before the Hartford County Medical Society; a Biographical Sketch of John S. Peters, M. D., by J. E. Lewis, M. D., of Vermont, read before the Tolland County Medical Society.

Report was unanimously adopted, and the papers recommended were directed to be published with the Proceedings of the present year.

Dr. Cady offered the following resolution, which was unanimously adopted: *vis.*

Resolved, That the next Annual Convention of the State Medical Society be held in the city of Middletown.

Dr. Woodward from Committee on Examinations read a report.

Accepted.

Dr. Platt, on behalf of the "Waterbury Medical Association," invited the Convention to attend an entertainment provided at the Scovill House.

Adjourned.

Thursday, 8 o'clock A. M.

Convention assembled.

The Secretary read a report from E. K. Hart, M. D., of Hartford, Chairman of Committee appointed "To devise some plan for the better accommodation of Insane Criminals."

Also, a report from E. K. Hart, M. D., Chairman of "Committee to confer with the State Librarian on the subject of Registration."

Both accepted, and directed to be published with the proceedings of this Convention.

Dr. Woodruff, Chairman, recommended Rufus Baker, M. D., of Deep River, as Dissertator of the next Convention, and A. B. Hails, M. D., of Norwich, as Alternates.

Adopted.

Dr. Beckwith moved that the annual tax of one dollar and fifty cents be levied upon the members of this Society, payable on the first day of June next.

Adopted.

On motion by Dr. Catlin,

The subject of the "Registration of Diseases" was referred to the Committee of Publication, and the Secretary was directed to procure the blank forms published by the New York State Medical Society.

Dr. Woodruff moved the following resolution: viz.:

Resolved, That the thanks of this Medical Convention be tendered to the members of the Waterbury Medical Association and citizens of Waterbury, for the warm-hearted and cordial reception we have received in their lands, and that the associations here formed will be held in long and grateful remembrance.

Adopted.

Dr. Sanford proposed the following: viz.:

Resolved, That the thanks of the Connecticut Medical Society are hereby tendered to the Executive Committee of the Young Men's Institute, of Waterbury, for the gratuitous use of their room for our present session.

Adopted.

A vote of thanks to the late President, Dr. Catlin, for the able and efficient discharge of the duties of the office for two years past, was unanimously tendered.

A vote of thanks was tendered to the late Secretary, Dr. Bockwith, for the ability manifested in the faithful discharge of the duties of his office.

On motion by Dr. Bockwith,

It was ordered by the Convention that 500 copies of the Proceedings should be published, and distributed to the several counties.

Dr. Moody, Chairman, reported a list of Debentures, which was accepted, and directed to be paid by the Treasurer.

The following gentlemen were appointed to represent this Society in the next Annual Convention of the Massachusetts Medical Society, viz.:

- D. W. C. Lathrop, M. D., of Windham County.
- Thomas Miner, M. D., of Hartford County.
- P. A. Jewett, M. D., of New Haven County.
- G. H. Preston, M. D., of Tolland County.
- Abdel Woodruff, M. D., of New London County.
- George Seymour, M. D., of Litchfield County.
- S. S. Negro, M. D., of Fairfield County.
- Miner C. Hatch, M. D., of Middlesex County.

Dr. Beckwith offered the following resolution, which was adopted ; viz. :

Resolved, That the Committee of Publication be entered in our Proceedings, as one of the Standing Committees of the State Medical Society, and be increased by the addition of two members, who shall be appointed by the President.

A circular from a Committee appointed by the Indiana State Medical Society, to effect interchanges of the published transactions of local Societies within the United States, was read by the Secretary.

On motion, the Secretary was directed to acknowledge its receipt, and to send a copy of our proceedings to all the State Medical Societies.

An invitation was extended to the members of the Convention, to visit the various objects of interest in the city of Waterbury, and carriages were provided for the purpose of conveyance by the Waterbury Medical Association.

Invitation accepted.

Convention adjourned.

P. M. HASTINGS, M. D., *Secretary*.



Members of the Society.

HONORARY MEMBERS.

JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
BENJAMIN SILLIMAN,	New Haven.
*THEODORE ROMEYN BECK,	Albany, N. Y.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
JACOB BIGELOW,	Boston, Mass.
WALTER CHASSING,	Boston, Mass.
HENRY MITCHELL,	Saratoga, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
*VALENTINE MOTT,	New York.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
*WILLIAM TULLY,	Springfield, Mass.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
*STEPHEN W. WILLIAMS,	Dorchester, Mass.
WILLARD PARKER,	New York.
BENJAMIN TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	New York.
*JOHN WATSON,	New York.
FRANK H. HAMILTON,	Buffalo, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL,	Albany, N. Y.
FOSTER HOOPER,	Fall River, Mass.
THOMAS C. BRINSMADE,	Troy, N. Y.
GEORGE CHANDLER,	Wareham, Mass.
GILMAN KIMBALL,	Lynn, Mass.
JAMES McNAUGHTON,	Albany, N. Y.
OSCAR PARSONS,	Providence, R. I.



ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

JUSTUS D. WILCOX, M. D., *Chairman*

GEORGE CLARY, M. D., *Clk.*

- | | |
|--|--|
| <p>HARTFORD, Henry Holmes, S. B. Pease.
 <i>Col.</i>, G. B. Hawley, G. W. Russell.
 <i>David</i> Cray, P. W. Elsworth, <i>De-</i>
 <i>mond</i> Rogers, E. K. Hunt, J. S. Tal-
 <i>bot</i>, J. C. Jackson, A. W. Britton,
 <i>Thomas</i> Miner, H. Griffin, William
 <i>Porter</i>, John F. Wells, William R.
 <i>Benson</i>, S. C. Preston, P. M. Har-
 <i>tings</i>, J. S. Curtis, Edward Bradley,
 <i>Stephen</i> B. Fuller, George Clay, W.
 <i>H.</i> Trottier, Lucius S. Wilson,
 <i>Stephen</i> E. Fuller.</p> <p>BEELIX, E. Bradlee.</p> <p>BLOOMFIELD, Henry Gray.</p> <p>BRYANT, Joseph W. Camp, John S.
 <i>Moody</i>.</p> <p>CHILMARK, William Elton, M.</p> <p>CANTON, Colmanville, R. H. Tiffany.</p> <p>EAST HARTFORD, S. L. Child, C. M.
 <i>Bennett</i>, H. K. Olmsted.</p> <p>EAST WINDSOR, Henry Wilson.</p> <p><i>Grand</i> Road, Maria L. Fox.</p> <p><i>Wardman</i> Road, Joseph Olmsted.</p> <p>ESPING, J. F. Converse, A. L. Spal-</p> <p><i>ding</i>, H. A. Grant.</p> <p>THOMPSONVILLE, J. Bailey Beach, L. S.
 <i>Trane</i>.</p> <p>FAIRHAVEN, Asahel Thompson.</p> <p>PLUMB, G. A. Moody.</p> | <p>GLASTENBURY, Clara Brewer.</p> <p><i>South</i> Glastenbury, C. E. Hammond,
 <i>Leamon</i> J. Andrus.</p> <p><i>Eastbury</i>, Sarah Stirling.</p> <p>GRANBY, Joseph F. Everett.</p> <p><i>East</i> Granby, Chester Hamlin.</p> <p><i>West</i> Granby, James D. Wilson.</p> <p><i>North</i> Granby, Francis F. Allen.</p> <p>MANCHESTER, Wm. Scott.</p> <p>NEW BRITAIN, Samuel Hart, E. D.
 <i>Hubert</i>, H. S. Cummings, S. W. Hart.</p> <p>ROCKY HILL, R. W. Griswold.</p> <p>SIMSBURY, H. W. White.</p> <p>TARGET, G. W. Sandford.</p> <p>SOUTHBRIDGE, Julius S. Brown, N. H.
 <i>Byington</i>, F. A. Hart.</p> <p>SOUTH WINDSOR, H. C. Gilbert, H.
 <i>Goodrich</i>.</p> <p><i>East</i> Windsor Hill, Wm. Wood, Silvery
 <i>Rockwell</i>.</p> <p>STEEPLES, Arthur Rising.</p> <p><i>Troyville</i>, ——— Whitmore.</p> <p><i>West</i> Saffold, G. W. Kellogg.</p> <p>WATERBURY, E. E. Cook, A. S.
 <i>Waters</i>, R. Fox.</p> <p>WEST HARTFORD, Edward Beece.</p> <p>WINDSOR, Wm. S. Fennon, A. Morris-</p> <p><i>son</i>, S. A. Wilson.</p> <p>WINDSOR LOCKS, Susan W. Skinner.</p> |
|--|--|

NEW HAVEN COUNTY.

E. H. BISHOP, M. D., Chairman.

JOHN NICHOLS, M. D., Clerk.

- NEW HAVEN, *Elis. Joss, T. P. Scott, Jonathan Knight, Samuel Flanders, A. S. Munson, Charles Hooker, N. B. Ives, E. H. Bishop, Levi Ives, P. A. Jewett, D. L. Daggett, Geo. O. Sargent, D. A. Tyler, Henry Brewster, E. A. Park, S. G. Hubbard, W. J. Welling, H. W. E. Matthews, C. A. Lindsay, Washington Beatty, T. P. Davis, Jr., T. H. Tamm, John Noyes, C. H. Austin, Moses C. White, L. J. Sandford, C. L. Ives, A. H. Churchill, Edward Bulley, J. C. O'Shea.*
Five Hous, Lyman Palmer, C. S. Thompson, W. M. White, Ezra Nash.
Watville, Samuel Lloyd.
 ORANGET, Henry W. Palmer.
 BETHELY, Ada C. Woodward.
 BRADFORD, *H. J. Loy, H. V. C. Bell, mada.*
North Guilford, Sheldon Barsley.
 CHESTER, A. J. Briggs, W. C. Williams.
 DUBLIN, Charles H. Finney.
- BIRMINGHAM, Ambrose Barsley, Thos. Darton.
 BRIDGEVILLE, Thomas Stoddard, S. C. Johnson, Joshua Kendall.
 GUILFORD, Joel Canfield, Alvan Talbot.
 HAMDEN, Edwin D. Swift.
 MIDDLETOWN, D. M. Wells.
 MIDDLETOWN, S. Nickerson.
 WEST HAVEN, E. H. CATLIN, E. W. Hatch, Everett Hawley.
 HILLYARD, Hall Allen, L. N. Barsley.
 NORTHEAST, J. D. Meary, Henry Parnum.
 NORTH HAVEN, R. T. Stillman.
 OXFORD, Lewis Barnes.
 ROYFORD, A. B. Butler.
 SOUTH BRITAIN, S. C. Burtin.
 WALLINGFORD, Nelsonish Banks.
 WATERVILLE, C. B. McCarty.
 WASHINGTON, M. C. Loomisworth, G. L. Pratt, John Deacon, G. E. Perkins, P. G. Rockwell, Thomas Dougherty.
 WOODBRIDGE, Isaac Goodsell, Andrew Catho.

NEW LONDON COUNTY.

JOSEPH COMSTOCK, M. D., Chairman.

BENJAMIN D. DEAN, M. D., Clerk.

- NEW LONDON, *Dyer T. Brinsford, N. S. Perkins, James Morgan, Isaac O. Post, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Holton, Robert A. Marvining.*
 NORWICH, Richard P. Tracy, Erwin Orwood, Eliza Dyer, Eliza Phinney, Benj. D. Dean, A. B. Hall, John P. Fuller, Edwin Barsley, Daniel F. Gilman, Lewis S. Faddock.
 ROYAL, Samuel Johnson.
 COCCHESTER, *Enoch Parsons, Frederick Mayne, Melancthon Stuart.*
 EAST LYNN, John L. Smith, Anna T. Perkins.
- FRANKLIN, ASHBEEL WOODWARD.
 GAYTON, Joseph Darity.
 NORWICH, A. T. Douglass.
 LANSING, Joseph Comstock, Ralph P. Green.
 LYNN, Richard Noyes.
 MOOREVILLE, John C. Bolles.
 COCCHESTER, S. E. Maynard.
 FREDRICK, E. B. Downing.
 STONINGTON, William Ryde, George E. Palmer, William Hyde, Jr.
 NORTON, Mason Manning.
 NORTON BRIDGE, E. T. Cress, A. W. Cress.
 OLD LYNN, Robert McCarty Lord.

FAIRFIELD COUNTY.

GEORGE SLACKMAN, M. D., Chairman.

M. B. PARKER, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Branch.	NEWMARK, John A. McLane, Ira Gump-
Goodell, RUFUS SLACKMAN.	rey, Samuel Lyden.
Southport, James Skyles.	South Norwalk, M. B. Parker.
HEIDENPORT, D. B. Smith, F. J. Jell-	SEABOARD, N. D. Hight, Lewis Har-
son, H. L. W. Hight, Wm. G. Nott,	bert.
Robert Hubbard, H. S. Bennett.	DARTON, Samuel Smith.
ROCKFORD, A. L. Williams.	STRATFORD, Wm. T. Clark.
DAVENEY, E. F. Benson.	YACHTS, ELIJAH MIDDLEB-
EASTON, James Baldwin.	ROCK, George Dyer.
HITCHCOCK, James H. Stiles.	WESTPORT, George Blackman, David
NEW CANAAN, Samuel L. Noyes, Lewis	S. Barr.
Richards.	GREENWICH, J. B. Hoyt.

WINNHAM COUNTY.

WM. H. COGSWELL, M. D., Chairman.

JAMES B. WELCH, M. D., Clerk.

BROOKLYN, James B. Wilcox, Wm.	CANTONMENT, Elijah Galloway, Joseph
Woodbridge.	Palmer.
AMSTERDAM, John H. Simmons.	Seaboard, Calvin B. Dromley.
West Killingly, Stephen C. Griggs.	WINNHAM, Charles Hunt, D. W. C.
Charles C. Cornell, Sam'l Hitchman,	Lathrop.
David E. Hall.	CHAPLIN, David Winter.
South Killingly, Daniel A. Harvey.	HARTFORD, Eben Hughes.
East Killingly, Edwin A. Hill.	POMFRET, Henry Holt, Lewis Whitten,
Daguerre, Justin Hammond.	Yacht Winham, Asa Winter.
PLAINFIELD, WM. H. COGSWELL.	South Winham, Lucius May.
Guilford, Charles H. Rogers.	West Winham, Milton Seabird.
Worcester, Lewis E. Dyer, Frank Bar-	TANNESTON, Samuel Holbrook, John
rett.	McGregor.
STERLING, Wm. A. Lewis.	Patent, H. W. Hough, E. B. Payne.
VICTORVILLE, Harry Campbell.	

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

D. E. BOWEN, M. D., Clerk.

LITCHFIELD, J. G. Buckwith, George	COCKWELL, Bertha B. Smith.
Seymour, H. W. Smith.	Hart Connell, Samuel W. Gold.
South Farm, Gary H. Miner.	Gould's Bridge, G. H. St. John.
CANAN, Thomas H. Smith, A. A.	GROVER, A. M. Husley.
Wright.	HARTWICK, G. B. Miller.
South Canan, John A. Gillet.	KENT, Wm. Dromley.

NEW MILFORD, *Abiel Williams*.
 BRIDGEWATER, *James Judson*.
 NORFOLK, *Wm. W. Welch, John H. Welch*.
 FLEMING, *Samuel T. Salisbury*.
 DUNSMITH, *John, Wm. Woodruff*.
 ROXBURY, *Myron Dwyer*.
 SALISBURY, *John Wilson, C. H. Malbone*.
 LEBANON, *Benj. Welch, Wm. Blodell*.
 H. M. Balch.

SHARON, *Ralph Denning, William W. Knight*.
 WILMINGTON, *J. Burwell, J. W. Phelps*.
 WARREN, *John B. Derickson*.
 WASHINGTON, *G. M. Foster*.
 NEW PLYMOUTH, *N. H. Lyman, E. P. Lyman*.
 WEST WINDFORD, *Jan. Welch, J. W. Edsall*.
 WOODBURY, *Charles H. Wells*.

MIDDLESEX COUNTY.

W. B. CASEY, M. D., Chairman.

ELIHA B. NEE, M. D., Clerk.

MIDDLEBORO, *Joseph Dwyer, Charles Woodward, Wm. B. Casey, Eliza B. Nye, George W. Burke, Miss C. Hays*.
 CROMWELL, *Ira Hatchemson*.
 EAST HENGEON, *F. G. Edgerton*.
 HALL'S HOLLOW, *A. B. Worthington*.
 CHARTER, *S. W. Turner*.
 CLINTON, *D. H. Hubbard*.
 DUNHAM, *R. W. Mathewson*.

EAST HADSDAM, *Ann M. Holt, Daniel Williams*.
 HADSDAM, *Edwin Roberts*.
 PORTLAND, *George O. Jarvis, G. C. B. Gilbert*.
 SAVINSON, *Ann H. King*.
 FINE, *A. H. Bough, F. W. Shepard*.
 DEEP RIVER, *Reuben Baker*.
 WOODFORD, *Harvey Berry*.

DOLLARD COUNTY.

TIMOTHY DIMOCK, M. D., Chairman.

GILBERT H. PRAYTON, M. D., Clerk.

TOLLAND, *G. K. Liden, G. H. Prayton*.
 BENTON, *Charles F. Samner*.
 NORTH COUNTRY, *Elaine Hunt*.
 SOUTH COUNTRY, *Timothy Dimock, Henry S. Dyer*.
 ELLINGTON, *Horatio Doe*.
 HARRIS, *Ovis C. White*.
 NORTH MANFIELD, *Norman Brigham, W. H. Richardson*.
 SOUTH MANFIELD, *Earl Swift*.

SEBASTIA, *Ovis Hood*.
 EAST STAFFORD, *Wm. N. Clark*.
 WEST STAFFORD, *J. C. Blagden*.
 STAFFORD SPRINGS, *C. B. Newton*.
 STAFFORDFORD, *S. F. Pomeroy*.
 UNION, *E. Linder*.
 VERMONT, *John B. Lewis*.
 BURLINGTON, *Allen Skinner*.
 WILLINGTON, *Francis L. Dickinson*.

**SUMMARY OF ORDINARY MEMBERS FOR 1858: WITH DEATHS
REPORTED FOR THE YEAR ENDING APRIL 1st, 1858.**

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	67	10	77	1
New Haven County,	56	8	74	1
New London County,	31	10	41	0
Fairfield County,	21	7	28	0
Windham County,	25	7	32	0
Litchfield County,	29	6	35	0
Middlesex County,	19	4	23	0
Tolland County,	14	6	20	0
	<hr/> 271	<hr/> 58	<hr/> 329	<hr/> 4

NOTE.—Foreign Fellows of the Connecticut State Society are permanent members of the annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are helped to be present at the meetings of the Convention.

**DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1858, WITH
THE AGE AND DISEASE SO FAR AS ASCERTAINED.**

Hartford County,	Wm. C. Williams, aged —, Scurvy.
New Haven County,	Samuel Bickley, aged 54 years. Erysipelas.
—	Charles Brington, aged 62 years. Dropsy.
—	John K. Deane, aged 26 years. Consumption.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the persons recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit to the Treasurer the names of the Fellows dead, immediately after the County Meetings.

To return to the Treasurer the names of Members delinquent on taxes, with the amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Delinquents.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Graduates Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertor.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSEKTATIONS READ IN CONVENTIONS.

- 1794. Dr. S. H. P. Lee, on Annual Bilious Fever.
- 1794. Dr. Gideon Shepherd, on the Properties of Opium.
- 1795. Dr. E. P. Outtery, on the Preparations of Antimony.
- 1795. Dr. Thaddeus Betts, on the Different Species of Colic.
- 1796. Dr. F. P. Oviere, on the Contagion of Yellow Fever.
- 1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
- 1796. Dr. Lewis Collins, on the Most Eligible Mode of Increasing Medical Knowledge in this State.
- 1796. Dr. Gideon Shepherd, on the same subject.
- 1798. Dr. Samuel Hopkins, case of Bilious Constipation.
- 1798. Dr. Jared Potter, an Essay.
- 1799. Dr. Thaddeus Clark, a Dissertation.
- 1800. Dr. Nathaniel Dwight, on Lascry.
- 1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
- 1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
- 1818. Dr. William Earl, on Ergot.
- 1820. Dr. Thomas Miner, on Typhus Fever.
- 1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
- 1822. Dr. William Tully, on the Yellow Fever at Middletown.
- 1823. Dr. Dyer T. Brainard.
- 1827. Dr. Samuel B. Woodward, on the Biography of the Physicians of the State.
- 1829. Dr. George Sumner, on Extra-uterine Conception.
- 1830. Dr. Charles Hooker, on Diseases of the Ear.
- 1825. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
- 1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
- 1837. Dr. Archibald Welch, on Scarlet Fever.
- 1838. Dr. Isaac G. Poeter, on the Disease commonly denominated Spinal Irritation.
- 1839. Dr. Henry Emerson, on the Mental Qualifications necessary to a Physician.

1840. Dr. Richard Warner, on the Advantages of Prompt and Efficient Practice in Acute Diseases.
1841. Dr. Asaiah Brigham, on Insanity as a Subject of Medical Jurisprudence.
1842. Dr. Charles Woodward, on Uterine Irritation.
1843. Dr. Pinckney W. Ellsworth, on Pilehæmia.
1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the Reasons that it is not awarded by the Community.
1845. Dr. Nathan B. Lees, on Laryngismus Stridulus.
1845. Dr. Theodore Sill, Observations on Typhus Fever.
1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the Advantages resulting from it.
1848. Dr. B. F. Barker, Remarks on Some Forms of Disease of the Cervix Uteri.
1849. Dr. Alma Talcott, on Hygiene.
1850. Dr. Johnston C. Hatch, on Medical Jurisprudence.
1851. Dr. George Sumner, on the Early Physicians of Connecticut.
1852. Dr. Rufus Blakeslee, Early Physicians of Fairfield County.
1853. Dr. Samuel Beach, on Popularizing Medicine.
1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.
1855. Dr. Stephen G. Hubbard, on Registration as the Basis of Sanitary Reform.
1857. Dr. Benjamin D. Dean, on the Medical Profession.

THE
ANNUAL ADDRESS

DELIVERED BEFORE THE

Connecticut Medical Society,

AND THE

CITIZENS OF WATERBURY,

AT

WATERBURY, MAY 20th, 1858.

BY BENJAMIN HOPKINS CATLIN, M. D.,

ESQUIRE OF THE SUPREME COURT.

PUBLISHED BY ORDER OF THE CONVENTION.

HARTFORD:
PRESS OF CASE, LOCKWOOD AND COMPANY.
1858.

ADDRESS.

GENTLEMEN:—Assembled in this pleasant rural city amid the greetings of our kind brethren, but more especially under the protection of the Supreme Being, we may quietly pursue our deliberations and endeavor to advance the interests of our profession, though not as on other occasions of this kind at one of the capitals of the State, in the immediate vicinity of the Legislature, from which we have derived our chartered right.

As many of us have recently come from that large convocation of medical brethren at the national capital, it is desirable that we should bring with us some enthusiasm obtained from that centre of influence. Our business this day is to ascertain what has been done for the advancement of medical science, to consider and recommend such other measures as shall seem to us important for the improvement of our profession.

Though we shall find little has been accomplished in our society, in comparison with the great and important improvements which we trust are yet to be made, still I am happy to say the last year has been one of progress. Two new standing committees, one upon registration, the other upon publication, were appointed at the last Convention, and I am happy to inform you that they have attended to the duties assigned them. The first, by conferring with the State Librarian and making arrangements for the issue of more perfect blanks for future returns. The latter have prepared and forwarded to the clerks of the county societies an able and important circular, requesting them to communicate with those selected as dissertators, and press upon them the importance of prompt attention to their appointments. Important reports, I trust, will be presented by these committees, which may require further action by the Convention.

We hope at least to receive some valuable dissertations, reports, and biographical notices worthy of publication with our proceedings, making a pamphlet of greater pretensions than those heretofore published.

In my communication to the Convention one year since, I stated that I had addressed circulars to the clerks of the county societies requesting them to present to their county meetings the importance of having committees of inquiry appointed, which, if attended to, may another year present facts from different parts of the State eminently useful to the President for the preparation of his annual address. Though I have been informed that these circulars were favorably received, and committees appointed in most of the counties, the information desired has not been obtained.

The chairman of one county committee sent me a brief note more than a year since, but it contained no facts not already before the Society. The clerk of one county meeting where no committee had been appointed, sent me a few facts showing the low state of the society in the county where he resides. Less than one-half of the regularly educated physicians of the county are members of the Connecticut Medical Society; no dissertation had been read for several years. There was a considerable increase of quackery; several even of their members secretly associate and even consult with quacks.

The failure of these committees shows either that they did not enter into my views, consider them important, or they have manifested their reluctance to assume responsibility or engaging in my labor necessary for the improvement of our profession, to which I have alluded on another occasion.

The last Convention passed a resolution approving and endorsing the recommendation of the American Medical Association in relation to the duty of each member to keep written notes of his practice, and to report from time to time such statements as shall seem important and interesting, with a view for publication with the annual proceedings of the State Society; and in furtherance of this measure, recommended the appointment of a committee by the county societies at their next annual meetings, to receive such reports as may be offered.

The county of New Haven had previously appointed a committee for this purpose, and at the semi-annual meeting they were authorized to prepare, and issue to each member of the society, a circular setting forth the importance of this undertaking. This committee have attended to the duties pertaining to their appointment, and recom-

mended that the registration of diseases be commenced with the first of the present year. Having an earnest desire that this registration should commence at the same time throughout the State, and hoping to aid somewhat in this important enterprise, I issued a short circular to all the members in the several counties,—except the county of New Haven, which was already supplied,—urging them to commence the record of their cases the first of January.

As we have so often found that the recommendations of this Convention to the county societies have been overlooked, forgotten or neglected, I have addressed a circular to the county societies, reminding the members of the necessity of appointing county committees in order to carry out the plan of the State and National Societies. If individual members and county societies perform the labor assigned them, further action will be required of this Convention. For the purpose of insuring uniformity in the returns, blank tables should be furnished by this Society, so that each member might every month copy into them his notes of diseases and accidents, made at the time of their occurrence. I have procured copies of the tables prepared for the members of the New York State Medical Society, which will be useful to a committee which may be appointed to prepare some for the members of this society. A committee should also be appointed, in accordance with a resolution passed in Convention last year, to receive, collate, classify, and prepare for publication reports received from the counties or individuals, or they might be referred to the standing committee on publication, as you shall deem best.

I have before me an address on the registration of diseases, read before the New York State Medical Society in February last, by my early and distinguished friend, Thomas C. Brinsmade, president of the society, who has been justly styled a pioneer in the registration of diseases, having kept a record for more thirty years; and after rejecting the first few years, as being too imperfect in his opinion to be worth tabulating, he has prepared, and published in connection with his address, a general summary of all diseases occurring in his practice, from 1827 to 1858 inclusive. He says: "I think any man who will persevere in keeping a record for one year, will afterward reluctantly relinquish the practice. The entries must, however, be made every day, or if unavoidable obstacles should prevent, as soon after as possible, for if delayed even for one week, the time required to write forty names, with the diseases and other conditions, will be more than most physicians can spare at one time, so frequent are the interruptions to which a man in full practice is liable."

* The daily practice of registration must inevitably benefit every man who pursues it. He can not write even the name of a disease without thinking enough about it to decide its diagnosis, its causes, and the treatment adopted to remove it. So far from occupying time which might be devoted to reading, it necessarily compels him to study, and confine his researches more closely to subjects connected with his daily practice, and he thus becomes more identified with and attached to his profession. The systematic habits which it induces, enable him to accomplish more work and in less time than he otherwise would."

By preparing and issuing circulars to members and county societies, I may have laid myself open to the charge of attempting extra-official duties. If so, I have no excuse to offer, except that I was actuated by an earnest desire to do what little I could, while I was called to preside over this ancient and honorable Society, to promote its best interests and prosperity.

A correct understanding of the appropriate duties of this Convention, the County Societies, and individual members, and a wise distribution of the labors to be performed, between these several departments, would conduce greatly to the advancement of our profession. We can not take a step in advance without the earnest, efficient action of individuals. If every member of this Society had any just appreciation of the responsibilities he assumed when he united with it, and engaged in the practice of medicine, and was willing to meet those obligations according to his best abilities, embracing every opportunity to make improvements, carefully observing everything worthy of observation, recording and communicating the results to the County meeting, soon a vast number of facts would be collected, eliciting discussion, and when collected in the State Society would with others from all parts of the State, be extremely useful in establishing important principles. Alas! too many seem to practice medicine only as a means of living, without any correct idea of their high calling, or a thought that they could do anything to advance and improve the profession of their choice. The efforts of those members of our Society who are alive to the importance of improvements should be especially directed to individuals, arousing and stimulating them to action.

Next in importance to individual action are the County Societies. They are like democracies and municipalities, where members meet on an equal footing, affording the most favorable opportunities for the consideration and discussion of subjects brought forward by individuals. If

all the members in each county would make it a point to attend the county meeting, (two or three being held each year,) and make them as interesting and useful as possible, we should soon have an amount of business sent up to this Convention that would require several days to dispose of appropriately.

The state society being representative in character, and limited in its powers, is designed more to collect, concentrate and publish the results of the labors of individuals and county societies. The recommendation of subjects for their consideration and action, according to our custom in years past, would be wise were they met with that response their importance demands; but too often we have found them remain dead letters upon our proceedings.

Our profession suffers greatly from the want of well qualified and efficient nurses. It is enough for physicians to bear the responsibilities resting upon them as practitioners, without being held accountable for failures arising from bad nursing. It is often the case that nurses are employed to take care of our patients who are opposed to our system of practice, and cannot be depended upon to carry out our views. This difficulty should be remedied by the proper training and education of nurses. There are in all our communities persons, especially females, who need employment; and, if proper facilities were afforded, they would become well qualified for the duties of nursing. Every physician can do something in bringing out the proper individuals, and giving them some instruction, but a course of lectures should be given once a year to nurses by the professors in our Medical Institutions. That queen of nurses, Florence Nightingale, has set us an example, by the establishment of an institution in England for the instruction and training of nurses, which I trust we shall not be slow in following in this land of freedom.

There is a petition from this society before the Legislature in regard to the establishment of a meteorological observatory, which may demand your attention at this time.

I would again recommend to your notice the efforts now being made for the establishment of an institution for the improvement of the tubercle and idiotic.

As my official connection with this Convention and Society will cease after the delivery of this address and your appointment of my successor, I shall, with the above brief remarks and suggestions, leave the dark side of our profession, for you, the members of this Convention, to adopt the appropriate treatment, and turn your attention to a

brighter and more hopeful prospect by presenting some of the Claims of the Regular Medical Profession,* upon the Confidence of the Community.

While all forms of quackery, and every false system of practice, have, by means of the press and free lectures, been seized with great effort upon the notice of the public, the members of our profession, being satisfied that their claims to confidence were good and valid, have gone on quietly attending to their ordinary duties, trusting the time would come when a discerning public would appreciate a learned, scientific profession. It would be wise to continue this course, were the community disposed to examine this subject carefully, and judge it by those principles and with that impartiality they decide other questions of less importance to themselves and their friends.

There are some difficulties in arriving at a just appreciation of our claim by the community, even were they disposed to give the subject that attention its importance demands. Years of close study and severe labor are requisite to become acquainted with the science and practice of medicine. How then shall those who casually give it a thought, till the moment they require the service of a physician, be expected to judge wisely, and decide correctly? While we are perfectly satisfied with the confidence and patronage so generously given us, and fully appreciate the difficulties in presenting this subject in a lucid and interesting manner, we hope to be able to advance some principles which, illustrated by experience and observation, may be useful in guiding the minds of honest inquirers after truth, so that they may be successful in obtaining the best medical assistance.

In order to understand the claims of any class of persons, or professions as to their ability to perform any specified object, it is necessary to understand as precisely as possible the nature of the work to be accomplished, whether it be simple and details, easily comprehended, or on the contrary intricate and abstruse, requiring years of study and labor to comprehend it, even in an imperfect measure.

If it were to dig a ditch across a meadow of a definite length, depth and width, carefully staked off, a man of very small mental powers might perform it, provided he had the requisite physical development. Higher and different powers of mind would be necessary to correct the derangements of machinery, even though it were

*Every profession has a right to choose its own name. We prefer the above, though long, to Allopaths, or other names given by our opponents.

simple in its construction. The management of more intricate and complicated machinery would require a still higher order of talents, a long course of training and education.

If disease was a unit, as some claim, or was all in the blood, according to others, or still all in the stomach; if cold was disease or death, and heat life and health; if each disease could be cured by a medicine which when taken in health produced symptoms identical with those attending the disease,—then, indeed, the cure of disease would be a very simple matter, and it would be useless for me to present the peculiar claim of the regular medical faculty for your consideration.

Most happy would it be for the community if the practice of medicine were such a plain, simple matter that even a child could understand and carry out its principles. But unfortunately there is no truth in these claims to simplicity in the practice of medicine.

It is not my design at the present time to combat error or expose false systems, but rather to present the true and valid claims of regular medicine. Any allusion to other systems will be incidental or by way of illustration.

Enter any of these large, massive and elegant buildings so common in this city, designed for manufacturing purposes, and you will find a great variety of curious and complicated machinery, performing its appropriate work with great regularity and sometimes with amazing intelligence. You look about for some motive power, and find a water-wheel, or a steam engine, (which of itself would rank with the seven wonders of the world, were it not so common,) the capacity of which can be calculated with mathematical exactness.

Notwithstanding all this apparent perfection, you will readily understand that this machinery is liable to derangement: one part is worn by ordinary use, another may be broken by accident. You step up to one of the gentlemanly owners or managers of the establishment, and inquire of him whom he employs to repair damages, or correct derangements caused by wear and tear, or the carelessness of unskillful workmen. Will he tell you it is not important who is intrusted with this duty? that a man taken direct from a shoemaker's bench, or from following the plough, is fully competent for the business? Not at all. On the contrary he will inform you that he has in his establishment one or more trained and educated machinists, theoretically and practically acquainted with the general principles of the machine, its various parts, and the materials of which it is composed, whether they be wood, steel or brass. He may also be acquainted

with those branches of mathematics applicable to the mechanic arts. If he did otherwise, you would pronounce him deficient in common sense. Suppose this machine, instead of being moved by an external power, whose capacity could be calculated and determined with great certainty, had a motive power within itself, the extent and force of which could be learned only by its effects, would not the difficulty of making repairs greatly increase? Suppose further, this machine had the power of self-extension so as to be prepared for different kinds of labor, at different periods of its existence, and a power more or less perfect for repairing damages, the machinist being required to be more or less perfectly acquainted with these powers to enable him to co-operate with them, and never to counteract their beneficent action; would not the difficulty of making repairs necessary to keep the machine in working order be greatly increased? Would not a higher order of talents, and a more thorough education, be requisite? Most certainly. If you were to imagine still further, that these machines were endowed with an intelligent principle, acting upon every part, and every part acting upon that, would it not be difficult to obtain machinists competent to manage and repair such intricate and complicated machinery?

The suppositions I have made convey a very inadequate idea of the difference between a machine made by man, however great his genius or exalted his powers, and the workmanship of an Infinite Creator, perfect in all its parts though liable to derangement. When you look at man, the workmanship of the Almighty, you see at once in the action of the joints, muscles and tendons, an exhibition of mechanical principles; but that internal machinery which drives the blood from the right ventricle through the arteries into the capillaries, and from thence returns it through the veins to the right ventricle; which again throws it through the pulmonary artery into the lungs, spreading it out upon those delicate membranes which form the air cells, placing it in a situation favorable for those changes so necessary for its purification; that machinery and chemical laboratory which receives, masticates, digests and assimilates the food; and those wonder-working powers which are so silently and constantly enlarging the body from infancy to old age, or removing and remodelling those portions of the animal structure which by use become unfit for the performance of the functions assigned them,—these are not evident to our senses. The general facts in relation to them are so familiar to medical men and to many intelligent non-professional persons, that it is difficult for us to realize that many years, yea, centuries of laborious study, dissec-

tion and experiments, upon living and dead bodies, have been necessary to discover and establish these principles. When we leave inert, unorganized matter and come to organic, living beings, whether of vegetable origin, from the lowest order which springs up in a night and perishes under the influence of the first rays of the morning sun, to the stately trees which live for centuries, or all grades of animal life, from the smallest insect to man, the lord of all, we come upon an entire new field, requiring the knowledge of new laws.

We pass over this vast field of organized living matter, vegetable and animal, which separates the inorganic substances of which the most curious and intricate machinery is constructed, from the human system, the diseases of which it is our business to treat. The vast extent of this intervening field shows the infinite distance between them. That we are "dust and ashes," all will admit; and I think after a little investigation, every one would be satisfied that long, deep study and extensive investigation are necessary to prepare one to treat diseases with success. It will of course be impossible for the physician ever to become as well acquainted with the organization he is required to keep in repair, as the machinist with his machine. But there is much that he can and must learn, in order to qualify himself for the performance of his duties. He can become thoroughly acquainted with anatomy, physiology, materia medica, pathology, and therapeutics; with chemistry, especially in regard to those chemical articles used as medicine and animal chemistry. The surgeon must understand mechanical principles in order to reduce dislocations and fractures and retain them in their place, to correct and remove deformities. The practitioner of medicine should have the requisite knowledge of meteorology to understand the influence of the weather and climate upon diseases.

The progress of medicine, of which I shall speak in another place, is constantly enlarging and extending the range of studies and science necessary to be understood by the physician. It is now necessary for him to be acquainted with acoustics, or the science of sounds, in order to ascertain the normal and diseased state of the heart, lungs, and other internal organs; with the science of optics, so as to use with accuracy the microscope, which is aiding much in the investigation and diagnosis of disease. The practice of medicine can not be pursued with eminent success without a minute and extended observation of facts, a great amount of deep, profound thinking and reasoning, requiring a thorough knowledge of mental philosophy. A profession that requires a thorough knowledge of these sciences may well be

called a *learned profession*. That all the members of the regular medical faculty are thus learned, is not claimed, but it is our constant effort to raise the standard of medical education. There are many men in our profession who though not very learned in medicine or the collateral sciences, yet are men of sound judgment and discrimination, capable of understanding and applying in practice the principles discovered by their more learned brethren. Few, comparatively, can become familiarly acquainted with the microscope, but their skill can be employed for the benefit of others.

No practitioners outside of our fraternity, with a very few exceptions, make any claims to scientific attainments. They base their claims upon the simplicity of the practice of medicine, the one idea principle that disease is a unit. The advantages of education and science are nullified when their possessors embrace a false system, unless in some rare instances it enables them to resort to true science when they find their false theories failing. Much may be learned of the claims of any profession by the character of its members. The successful practice of medicine requires the faculty of careful close observation, a retentive memory, great discrimination, and sound judgment. That these faculties are possessed by the members of the regular profession, is an evident degree, as they are exhibited in their character as men and citizens in the communities where they reside, will, I believe, be readily admitted by every unprejudiced mind. Some, however, do not seem to understand that the man who possesses these desirable qualifications of mind and character, will carry them into the investigation of disease and apply them in his practice. A gentleman of good character and intelligent in ordinary matters, but who had employed various kinds of devices, from one extreme of absurdity to another, said to a regular and experienced physician whom he chanced once to employ, "Doctor, I respect you very much as a man and a Christian, but I do not believe in your system of practice." Now, as a minister said of a certain woman, she was a good Christian but a poor cook, so a man may be a good Christian, an honorable, upright citizen, manifest sound common sense in the ordinary transactions of life, and still be a poor physician, but we can hardly conceive of such a thing as being possible. We always admire to see the exhibition of true benevolence in others, however we may fail in the exercise of it ourselves. The medical profession fully realize the import of the words of our Saviour, "For ye have the poor always with you." Every physician doing a large business, extending through a period of thirty years, will find on his book thousands of

dollars unpaid. A larger amount is thus given by the members of our profession, according to their income, than by any other class of persons. But it is often said this is nothing: physicians charge the rich enough to make up these losses. This is not true, for those able to pay are not charged more than the services rendered are worth. The gratuitous services of our profession to the poor have been continued so long that they are considered as a matter of course; their performance calls forth no commendation; the neglect now to continue them would rather call forth unqualified condemnation.

Fifty years since, travelers passing through the town of Farmington on the road to Hartford, would observe a little cage set in a hick near the tar-pike, occupied by a caving maniac, staring and shouting to the passing travelers: subsequently he was removed to a barn near by, where he sat crouched on his limbs till they inflated and adhered together, so that he could not be straightened. Here he sat year after year, covered over with an old blanket, and had his food given him as it was to the chickens of the barn-yard. This is not mentioned as a reproach to the good people of Farmington, there being few towns whose inhabitants have a more enviable reputation for morality and true religion. Other cases perhaps as revolting existed in other towns. Those who were poor were sold like other pariahs to the lowest bidder, to be confined in dungeons, cages, strait jackets, or chained to the floor. A few physicians, in connection with other benevolent individuals, made arrangements for the establishment of the Connection Retreat. The Connecticut Medical Society gave every dollar of its funds. Private benevolence, with aid from the State, has now made provision in part for all these unfortunate persons where they can be treated like human beings.

An eminent physician of Hartford was so unfortunate as to have a daughter deprived of hearing and speech. Deep sympathy on the part of the father and his brethren, led to the establishment of the American Asylum for the Deaf and Dumb, where, through the munificence of the several States of New England, provision is made for the gratuitous education of all their indigent deaf and dumb.

The physicians of New Haven, seeing the necessity of a hospital in that city, by their hearty efforts and material aid, with assistance from benevolent individuals and the State, established the Connecticut State Hospital, where they have ever continued to give the best medical and surgical attendance without fee or reward. The physicians of Hartford are doing the same for this city.

The manly exhibition of courage ever calls forth the spontaneous

plaudits of an admiring multitude. Even though we may be men of peace, we can but contrast the soldier as he marches up fearlessly to the cannon's mouth, and as his comrade is cut down before him steps up to fill his place. Who has ever read the story of the brave Spartan band, under the immortal Leonidas, at the straits of Thermopylae, without having his spirit stirred within him? And yet, says Dr. A. Clark, President of the New York State Medical Society, in his eloquent address, delivered at Albany in 1853, "I have known the soldier of twenty battles turn pale and flee before the least of the physician's perils."

There is much to strengthen the soldier's courage. The spirit-stirring music, the pomp and parade, the marching and the counter-marching, the noise and confusion. The thousands or hundreds of thousands around him to encourage or witness his cowardice, if he suffers it to be manifested. The physician, on the contrary, goes quietly and alone into the dark chambers of sickness and death, filled with all the elements of disease, or down into the filthy abodes of the poor, rocking with contagion. "The pestilence strikes terror to the hearts of every man: the physician never turns away from it. From the dreadful days when death grew frantic with its own work of slaughter, and Hippocrates stood up to wrestle with it night and day in terror-stricken Athens, to the hour when the affrighted people of our time fled before the most dreadful of all plagues that ever scourged the earth, the physician has never turned his back on danger."^{*}

I shall never forget the fear and alarm which spread over this whole nation "when the first blow of this last and most relentless of death's agents" * first appeared in our country, more than a quarter of a century since.

The laws of this epidemic were not then well understood. No one knew that any part of the country would escape its ravages. As it spread from city to city, from town to town, the inhabitants fled before it in the wildest confusion. Physicians alone remained voluntarily at their posts of danger and death. Many of those living in places exempt from the disease, visited the cities where it was prevailing; sent by the board of health, at the public expense, or going at their own charges, to study the character of the epidemic; visiting the public hospitals, seeing hundreds of cases of the disease, witnessing many deaths, and making examination after death; and all for what pur-

* Dr. A. Clark's Address.

[Foot.]

poor? That they might be better qualified to treat the disease in case it appeared in their own field of practice. "Of thirty assistant physicians doing duty at the Bellevue Hospital in the city of New York, during the late prevalence of ship fever in that city, twenty-one took the disease, and five died of it;" one of these the accomplished son of one of our own members; "and even of the nine who escaped it there, three had already suffered from it in other medical charities; yet their ranks were always full; and I speak [says Dr. Clark] from personal knowledge, when I say that I know not where to look for a body of young men whose duty is performed with more conscientiousness and courage and intelligence."

All will recollect a more recent case; the prevalence of the yellow fever in Norfolk, three years ago, where forty of our "profession, being four-fifths of those in that community, swelled too as their ranks had been, by volunteers from other cities, fell manfully contending with disease and death." "Greater love hath no man than this, that he lay down his life for his friends."

Another claim of regular medicine to confidence, is its progressive character. Many things, excellent and desirable in themselves, are insignificant in their commencement, but having vitality in their nature, progress more or less regularly and rapidly, till they attain great perfection.

Some efforts were probably made at an early period of the world's history, to alleviate the pains and sufferings of the falling and diseased body, but they must have been extremely rude and unsatisfactory. The first phase of medicine, according to history, is the Magical. In this form it exists in all savage and barbarous nations. We hear in our day of the great efficacy of Indian remedies, and the skill of Indian doctors, but all Indians, before their intercourse with the white man, had medicine men, or conjurers, and depended on them for the cure of their diseases. Next in order was the Empirical. A certain article relieving a certain symptom, or set of symptoms, was recommended in cases of a similar character. Then followed the time for theories and hypotheses. Many of these were elaborated with great shrewdness and skill, and put forth with great confidence and abundant display. Others soon followed, which if not more shrewd and plausible, yet from their novelty supplanted their predecessors.

Efforts to maintain a theory lead to the perverting or falsifying of facts. Everything that can be pressed into its support is sought with avidity, while whatever is unfavorable, is rejected or per-

vented. The evil influence of these theoretical speculations did not prevent all valuable discoveries. Prominent among these were the discovery of the circulation of the blood by the immortal Harvey, and vaccination by Jenner. Neither did great discoveries at once prevent theoretical speculations, but rather opened new channels for their development. While the influence of theories has been on the whole evil, some have contained, buried up under a great amount of rubbish, very important principles.

The theory of Brown, known as the Brownian system or theory, from its great simplicity was for a time very popular. Dividing all disease into two classes, Sthenic,—or diseases of increased action, Asthenic, or diseases arising from debility or deficient action,—it claimed to make the treatment of disease extremely simple; like Sir Robert Peel's sliding scale as applied to the corn laws of England. But it was soon found that something more was necessary to cure disease, than barely to reduce action by evacuations, and other antiphlogistic means, to the healthy standard, or by the use of stimulents to raise it to that point. Blood-letting would not cure all inflammation, or stimulents remove every form of debility.

While the theory, like all its predecessors, was soon exploded, the idea of division of diseases into those of increased or diminished action, was found to be a great principle, ever true and all important. I shall have more to say respecting this theory when I come to treat of the principles of medicine.

For many centuries there was such a superstitious reverence for the dead body, that no dissections of it were allowed, whereby physicians could obtain a knowledge of anatomy, the science of healthy organization. This being removed, all intelligent persons are aware that it has long been studied and taught as a science, and brought well nigh to perfection. Morbid or pathological anatomy, which treats of diseased structure, has been more recently improved. It has taught us the existence of diseases not before suspected,—instructed us how to cure diseases once incurable.

Physiology, the science of life, which treats of man as a living, acting being, has long been pursued as a science, but greatly improved within the last half-century. The use of the microscope has aided in the advancement of this as well as pathological anatomy. Materia medica has been recently greatly extended and advanced by the aid of chemistry and botany, adding new articles, and developing or separating new principles from those already in use. Therapeutics, which treats of the operation of the different means for curing diseases

and their application in practice, has been equally advanced during the last few years.

During the last half-century great advances have been made in ascertaining the causes of disease, but more particularly in determining their distinction or diagnosis. The knowledge of physical signs has been greatly advanced, so that we now readily and accurately detect and distinguish diseases of the heart and lungs and other internal organs, in some instances so early as to find them in a curable state; and we are to anticipate greater improvements in this department, so as to arrest and cure many cases now incurable. By the aid of chemistry and the microscope, we are able to examine the secretions and the excretions, ascertaining the exact seat of the disease and its nature, and thus be able to apply the appropriate remedies.

Had Bacon lived at an earlier period, his philosophy would not have aided medicine, for the facts were too few and observation too limited, to have established any important principle. But in his time these were collected in sufficient numbers to commence the establishment of medicine upon a philosophic and rational basis; and from that period to the present, an immense number of facts have been carefully observed and recorded, relating to the causes, nature and constitution of diseases,—their symptoms, diversities, distinctions, results and prevention,—the effect of remedies under the various circumstances of disease and condition of the patient: all these enable us to establish general principles founded upon truth.

"The principles, elements, or institutes of medicine," says Dr. Williams of London, "comprise those leading and general facts and doctrines regarding disease and its treatment, which are applicable, not to individual cases only, but to groups or classes of diseases. This branch of medical knowledge is also designated by the term *general pathology and therapeutics*, to distinguish it from *special pathology and therapeutics*, or the theory and practice of medicine in relation to individual diseases."

"The principles of medicine may be deduced in part from a knowledge of animal structure and function, anatomy and physiology, conjoined with an acquaintance with the agents which cause and remove diseases: but chiefly they are derived from a generalization of facts observed in an extensive study of disease itself, and its effects in the living and in the dead body."*

"The leading rules" or principles "of practice, those which guide

* Principles of Medicine, by Charles J. B. Williams, M. D., F. R. S., page 26.

the most experienced men, are founded on general views of diseased function and structure—that is, general pathology. The condition of the system—that is, the function, is to be taken into account; and the variations of this condition, the states of *sthenia* and *asthenia*, *tone* and *debility*, *excitement* and *depression*, *plethora* and *anæmia*, are the very subjects which general pathology explains and shows how to treat.*

These general principles constitute an important branch of medical knowledge, as yet imperfect,—can hardly be called a science, yet so far advanced as to be seriously useful to the practitioner. They relate to the causes of disease, pathology proper or disease itself, the division and classification of disease, their distinctions, results and prevention. Under the head of causes they treat not only of the local, definite cause of each disease, but of the general laws of contagion, epidemic infection, epidemic constitution, or periods, all which have an important influence in modifying the appearance and nature of diseases, and their proper treatment.

While speaking of the Brownian system, I stated that it contained the idea of a great principle. It was the idea, and the term used to describe it, rather than the principle itself, that we have adopted. Brown treats of the *sthenic* and *asthenic* diathesis, or the different state or condition of the body under disease; but when he comes to treat of particular diseases, he places them on his scale by name, either above or below the state of health. This is theory, not truth. The principle applies these terms to the condition of the system when laboring under disease, without any reference to the name. In this way we find that scarlet fever, purpural fever, rheumatism, or small pox may at one time be attended with inflammation or increased action, at other times with deficient action or debility. It is under the guidance of this great principle that the scientific physician learns to treat with success diseases of the same name at different times, under the varying circumstances of climate, season, constitution or idiosyncrasies of his patients, with directly opposite treatment. In the application of this principle to cases as they occur in practice, the truly wise and judicious physician has an ample field for the display of great discernment and constant skill. Nothing can be more erroneous than the prescribing for the names of a disease, though it is common among many classes of doctors and in all communities. Families having their phlegms, or other domestic remedies, often feel competent to prescribe if they can get a physician to name the dis-

* Principles of Medicine, page vi.

case. The regularly educated physician feels the pulse, examines the tongue, the skin, the complexion, the bodily strength or debility, to ascertain not only the name and seat of the disease, but the particular state or condition of the system. Take for instance a complaint as simple and common as pain in the back. The empiric or more routine practitioner can remember something that has cured such pains; he prescribes, and perhaps in one case out of ten he may chance to hit right; if he fails, he tries another, and so on. The educated physician examines the case, inquires in his own mind whether the seat of the disease is in the muscles, the bones which form the spinal column, the spinal cord which passes through the bones, or in the kidneys, or in some other internal organ. If the case is an intricate one, he examines the secretions and the excretions, by chemical test or the microscope. Having ascertained the seat of the disease and the pathological state of the diseased organ, and general condition of the system, he can judge with great certainty whether it is curable or incurable. If the former, he knows the remedies that are appropriate; if the latter, he knows what is best calculated to palliate suffering and make life more endurable.

I have alluded more particularly to this important principle, because of its extensive application, and for the reason that it can be readily understood and appreciated by every intelligent person. While the regular, scientific physician rejects all false theories and hypotheses, and follows only the philosophical and rational science of medicine,—“true, simply, because it obeys the laws of induction,”—the empiric, or supporters of partial systems lay their foundations upon some old theory long since exploded. For instance, the humoral pathology, “all diseases arise from bad matter in the blood; they only differ in the mode of expelling it from the system; one purges out the peccant humor, the other sweats and vents it forth.”*

It has often been said as a reproach to medical men that “doctors disagree.” Formerly this was too often true; even thirty or forty years ago there were great divisions of parties in the profession, one party advocating a depleting or antiphlogistic course, and the other a high stimulating course. Happily these divisions have passed away; now there is great harmony in the profession; all are united in their efforts to establish a rational system of practice, depending more upon the recuperative efforts of nature. The saying that “the doctors make worse before they make better,” is with exceptional cases

* Principles of Medicine.

no longer true of the wisest and best classes of physicians. Their practice is more of a soothing, quieting character, often making their patients more comfortable from the first visit.* If this improvement in practice shall remove that feeling which many families have long indulged, fear of sending early in the disease for medical assistance, lest "they should certainly be sick if they had a doctor," it will do as much good indirectly as directly, giving an opportunity for the use of appropriate means in the formative states of the disease.

The American Medical Association, composed as it is of delegates from all parts of the United States, has an important influence upon those members of the profession who have identified themselves with it, so as to derive those benefits from it which it is designed to impart. This association, in connection with the state and county societies, is making great efforts to induce medical men to make more careful observations in relation to the history, symptoms, treatment and results of disease, the nature and action of remedies. This plan, if carried out faithfully, will have an important influence in correcting present principles, and establishing new ones.

I have given a rapid and very imperfect sketch of the science of medicine, but sufficient to show that it is progressive, not regularly and uniformly, but as we witness the growth of a human being, from infancy to adult age; we see not a regular uniform advance from year to year; rather some years stationary, or making hardly a perceptible advance, then as it approaches maturity, making rapid strides to maturity; or rather like the intellectual faculty, manifesting itself in the infant as a feeble, flickering, variable principle, progressing through childhood, youth, mature age; clouded for a time by the infirmity and decay of animal life, but destined (if permitted) after it has escaped from its prison house to make more rapid advances, shining brighter and brighter throughout eternity. So with medical science: having passed through infancy, childhood and youth, it has during the past years of the nineteenth century, been making rapid advance toward perfect maturity, and is destined hereafter to attain to great perfection.

It is characteristic of all mere theories and false systems of practice that they are not capable of embracing the truths already established. In order to maintain them with any plausibility, facts must be suppressed, or perverted; but there is not a truth in Thomsonianism, Chronotherapeutics, Hydropathy, or Homeopathy, that our system can

* See PAIN EXCER by Prof. Washington Booker, *Edison Therapeutics*.

not appropriate and apply, in building up a perfect structure. Unfortunately, the truths, compared with the errors and false principles in these systems, are infinitesimals. We are prepared to receive truth from every department of nature, from any source, however humble. Some of our important remedies have been brought into notice by humble individuals in domestic practice.

Regular medicine may be compared to a great edifice with extensive wings. It is founded upon a rock. The basement and the first stories are built of solid and permanent materials. The superstructure and the wings are yet imperfect; some of the materials used are faulty; some of the wings are not in proper proportion; but such is the construction of the building, that the failure of a stone here or there does not endanger the building. The defective materials may be removed, and perfect ones substituted. Some of the wings may be removed or remodelled. There is an appropriate place in this extensive edifice, for every perfect building material, and every careful student.

So medical science is of a compound character, or rather including a number of sciences. It is founded upon the rock of truth; then come those sciences that are nearly perfected, and demonstrated, anatomy and physiology, the collateral sciences, which may be compared to wings; the superstructure to practical medicine, yet in a firming, improving state, but destined to be more and more rapidly improved and perfected.

Another evidence of the truth and vitality of our system, is the fact that it is the only one that has maintained its hold upon the confidence, upon the most intelligent portions of the community, for any long period.

Others have for a short time blazed up with some brilliancy, but like the *ignis fatuus*,^{*} flitting from bog to bog, over the meadows, now shining, then dark, then faintly flickering, till the sun arises, and it is gone.

I have only very imperfectly presented the claims of our profession, but I have no time to pursue the subject farther. I will briefly allude to the mutual responsibilities of physicians and their patients or the community.

One great fact should be impressed upon the mind of every physician and his patients, that they have not only mutual responsibilities, but their interests are in a great measure identical. Whoever the

^{*}Jack o' Lantern.

physician does to qualify himself for the practice of his profession, whatever skill he may acquire and exercise in the rapid and perfect cure of his patients, will also promote his own interests, extending his reputation, enlarging his business, and adding to his resources, but above all, giving him that peace of mind which arises from the performance of good deeds. On the other hand, whatever patients do for the benefit of their physicians, in ways that I shall point out, will tend to make them better practitioners, so that in subsequent attendance, they may be able to afford more efficient aid.

If the difficulties and uncertainties attending the practice of medicine, the arduousness of learning requisite to prepare one to engage in it, are in any measure what I have represented them to be, the responsibilities resting upon the physician are enough for men of the greatest minds, of the most untiring industry.

Every one about to enter upon the practice is under imperative obligation to obtain a thorough education. His mind should be well disciplined by a thorough course, adapted for that purpose; then a thorough study of the elementary and collateral sciences, attendance upon the best medical schools of the country; after this he should learn clinical medicine under the instruction of wise teachers, in hospitals and private practice. No conscientious man, if he understood the subject, would do less. The physician should know that his professional business is of sufficient importance to occupy the best energies of his mind and body. He cannot be a successful practitioner if he gives any considerable portion of his time to politics, farming, or manufacturing. The study and practice of medicine are such as to demand the undivided attention of the greatest minds, much more those of moderate capacity.

He is to continue a student as long as he continues in practice: there is to be no relaxation on account of age or experience. There are yearly, monthly, and daily improvements in medicine, which he can not know and take advantage of, unless he attains and keeps up the habit of study and investigation. If he gives up study, let him leave his patients: he has no right to approach the sick, unless with the best preparation in his power.

The gratuitous services of the physician, to which I have alluded in another place, may be performed in such a way and with such a spirit, as to be a task and a burden to the one who performs them, and be little calculated to elicit the gratitude of the recipient. But when they are the result of a truly benevolent, cheerful, willing spirit, they carry their own reward to the giver, and often call forth

the spontaneous thanks of the receiver. The physician has only to imitate, as far as possible, the only perfect being that has appeared on earth, who, while he preached the gospel to the poor, healed the sick, in order to obtain the approval of a good conscience, and receive the blessing of those ready to perish.

The true physician will be not only a messenger of love, but one of hope and good cheer. Instead of ministering to the fears and gloomy anticipations of his patients, in order to get the credit of performing wonderful cures, he will give them the full benefit of all the hope there is in their case, allaying all unnecessary alarm, quieting their fears, and often, by his cheerful looks and benevolent countenance, contribute as much to their recovery, as by the medicine he administers.

Much talking with the sick or their friends is profitable to neither party, but often leads to serious difficulties. When anything is said, let it be the frank, open-hearted, out-spoken truth. Misunderstanding and jealousies are often prevented by a little plain talk. The whole truth is not to be spoken at all times and under all circumstances, but whatever is said, let it be the truth, and nothing but the truth. We may have the most serious apprehension concerning our patients, and still there may be so much uncertainty about the result that it may be wiser to communicate our fears to the friends of the patient rather than by any direct communication to give unnecessary alarm. The mutual confidence that exists between an honest, upright, prudent physician and his confiding, trustful patient, is of a peculiar and interesting character and should never be betrayed. The physician who is guilty of a breach of confidence, does it at his peril. If he persists in it he is sure to lose his business as well as his reputation. This confiding spirit, if rightly imposed, may eventuate in great good to the patient. Sickness and suffering often lead the sufferer to more just views of the comparative value of this world and the one to come, a more correct understanding of their own character, and result many times in the formation of good resolutions for the guidance of their future conduct. It is within the province of the physician to strengthen these good intentions, and encourage his patients, during their convalescence, to higher and higher attainments in sound morality and pure religion. Consultations in difficult and protracted cases, if rightly conducted, confer those mutual benefits to both physician and patient, to which I have alluded. If there is harmony between the parties in the selection of a counselor, and he has the

confidence of both parties, the influence will be favorable, whatever may be the result of the case.

Patients and their friends should exhibit the same frankness toward their medical attendant, that I have enjoined upon the physician. If his visits are not as frequent as you desire, tell him so plainly, rather than complain of neglect. If they are too frequent, inform him; but then, if he is an honest, conscientious man, leave the decision with him. If you wish for a counselor, fear not giving offense by frankly stating your wishes. But in stating the obligation of patients or the community to their physician, I prefer to do it mostly by extracts, and in the first place from the code of medical ethics.

"**SEC. 1.** The members of the medical profession, upon whom are enjoined the performance of so many and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

"**SEC. 2.** The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

"**SEC. 3.** Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, consider the care of himself and family, as much as possible, to one physician, for a medical man who has been acquainted with the peculiarities of constitution, habits and predisposition of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge."

"Now," says the Rev. Dr. Tappan, Chancellor of the University of Michigan, in an eloquent address entitled "Mutual Responsibility of Physicians and the Community,"—"Now to whom shall we look for a reliable medical science? shall we look to him who deals in charms and spells? shall we look to the rude empiricism of the unlearned? shall we look to the Indian root doctor? shall we look to those who without any claim to be scientific, compound elixirs, pills and potions,—men unacquainted with anatomy, physiology, chemistry and botany,—ignorant alike of nature and man,—mix drugs at random,

and have no merit but that of exciting the imagination of the unthinking by the mystery under which they conceal their shallowness or their atrocity? Shall we look to subtle theorists, who, although not without learning, have forsaken the only safe methods of investigation, and are led astray by imaginary facts, and dream of potencies yet undiscovered, and riskless, intangible, vital agencies? Or, shall we look to those old established schools where learned men and true philosophers have ever been found? At these schools there is neither socialism nor mysticism. Here, scholarship is thorough, and fact is not outrun by speculation. Here, medical science has advanced in company with the other sciences, and by the same method, and often by the same men.

"If genius, learning, philosophical conception, legitimate investigation, and the utmost diligence, with all the aids that have hitherto been collected in our world, can meet with any success in any region of inquiry, then we must go to these schools to find the result. * * *

"If their discipline can not make reliable physicians, then our world is destitute of them. * * *

"Do any find fault with our schools? Then let them aid us to perfect them. Try not to pull them down. There is nothing to put in their place. Improve them as much as you please; lend every effort to bring them up to the ripest development. You can not change the science, the method, the aim, without annihilating them, and with them annihilating all medical education.

"Do any find fault with the doctors of medicine we send forth? Let them create a public opinion that shall stimulate, aid and foster us, by demanding of our candidates the simplest preparation. But let them not abet the magician, the spirit-rappers, the ignorant or unprincipled empiric, the wild and loose theorists of all kinds. We at least are on the right track. We are trying to do some good in a legitimate way. If our eagles do not fly near enough to the sun, do you find anything more like the birds of Jave among the swooping brood in the marshes below. * * *

"Be at least as prudent in buying medicine as you are in buying flour and meat, where you first assure yourselves of the quality. Be at least as prudent in choosing a physician as you are in choosing a tailor and a shoemaker, where you first satisfy yourselves that he is a proper workman and no bungler. What is the madness which impels us to run such fearful risks of health and life?"

"And when you have chosen a physician, thoughtfully, judiciously, and know that he has talent, tact, education, experience, kindness,

truth, honor and morality, treat him accordingly. Repose confidence in him. Submit to his skill and discretion in your sickness. Do not call him in merely to hear your own views of your case, and to share the responsibility of your own empiricism. Let him be fully, truly, and wholly your physician. If results do not come as rapidly as you desire, do not dismiss him to try new experiments. His judgment must be better than your own. You may die in his hands, it is true. But what grounds have you for believing that you will better your case by calling in another man, or by resorting to an empirical practice. We must all die at last; and the very change you make to elude your fate, may be an act of imprudence, which seals and hastens it."

"It is your right to ask for consultation; but respect the judgment and wishes of your physician in the selection. Treat honorably your good and tried physician. Recollect his interests are your interests." "And when health returns be grateful to him. Grudge him not his equitable fees, and delay not their payment. The man who has been instrumental in saving your life, in restoring to you the blessed sensation of health, has done more for you than if he had given you an estate." "What will not a man give in exchange for his life."

I have quoted thus largely from the reverend doctor because it is eloquently expressed, and coming from such a source it has the further merit of disinterestedness. For the same reason I quote farther from an unknown authoress.* "Like other men, the physician has his susceptibilities to sympathy, and needs encouragement and appreciation. He needs co-operation with his services, forbearance with his mistakes, and the same charity for his foibles and faults that we feel that we have a *right* to expect from him toward our own. Sometimes a physician is dismissed for some slight mistake, some oversight or omission, which, from the very painfulness of his experience in consequence, he would be on double guard against ever after, and his place is supplied by one who perhaps falls into the same or more serious misjudgment, and in his turn is likewise dismissed. None are infallible; therefore should the ill-tempered and unnecessary criticism be suppressed with the same consideration we look for him toward the weaknesses and faults his position enables him to discern in our domestic circles. Nor should we expect in him creative or

* *Melva, Faithfully Given.*

omnipotent power; for when the fated arrow is sped from the quiver of the Almighty, no human hand may stay it.

"Like that of other mortals, the physician's *our* mind sometimes weary of querulous tones, impatient complaints, and the continued minor key of the invalid's moan. The inmates of that house who during a morning call from their family physician impart to him of those precious but intangible social influences which elevate, strengthen and cheer, may unwittingly transmit rays of sunshine and hopefulness through the whole round of his day's ministrations. Animal spirits will flag sometimes under constant drafts upon sympathy and patience and the pressure of anxiety and responsibility. Then do such influences do him good like a medicine.

"Irregular meals, loss of sleep, the driving blast or careless ruin, and the chilly night air, are as repulsive to him as to other men. The mental quiet that takes possession of the business man's mind when he feels that his day's work is done, the physician can also appreciate, and it would be equally agreeable to him to feel that there was no liability to an interruption of the social debt; no call from the warm, attractive female; no necessity for relinquishing slipper and easy chair, and the enjoyment of a pipe, publication, or converse with family or friends." "But if suffering humanity calls, the call is imperative. Personal comfort or social courtesy must be foregone as a woman's active, and domestic attractions exchanged for the anxious and often repulsive service of the sick room. Let the family, then, who enjoy the friendship and services of a physician whose qualifications meet their moral and physical needs, who is to them an inspiration, a *household blessing*, duly appreciate, love, honor and sustain him. Let them remember him at the domestic altar, and in many a token and attention of social life, as they do their power, and so regulate the intercourse of the relationship that there may be mutual advantages,—reciprocal aid in learning how to live and in preparation for death."

I will add only one or two ideas to those so eloquently and forcibly expressed above, and those such as can only be fully appreciated by the medical man. The studies to be prosecuted after one has entered upon practice, though all-important, can be pursued at best only under great difficulties. The whole day, including many times the twenty-four hours, will be wholly occupied in attendance upon the sick, and this often in consequence of irregular and untimely calls unnecessarily made. This is especially the case when the

physician's practice extends over a large region of country. If the patients or their friends were only to inform their medical attendant of their wants early in the day, coming as near as possible the urgency or the opposite of the case requiring attention, he might so arrange his business as to leave a valuable portion of his time nearly every day for reading and investigation, which otherwise may be entirely lost in going over and over the same roads and streets. This is another instance of the mutual interest of physician and patient. By giving the former time for improvement, he acquires knowledge and skill which is applied for the benefit of the sick. I have always had some families who were careful to send in the morning, and if the case was not urgent to request attendance in the course of the day. Such families have always had my best attentions, while those who were always crying *wolf! wolf!* may occasionally have suffered when actually in his clutches.

In conclusion, let us for a moment look forward to that medical millennium which we shall never behold, but may be allowed to anticipate, when the science of medicine shall be perfected; those principles now uncertain be fully elucidated and established; when every practitioner shall be thoroughly and perfectly educated for his profession, and withal be a benevolent, upright, conscientious man, having such full confidence in those to whose wants he ministers, that he will have no anxiety for his own temporal wants, but be able to give the whole energies of mind and body to the investigation and removal of disease and suffering; when the most delicate and refined female shall be able to find a physician in whom she can place such implicit confidence as to impart to him the first indication of disease, and thus avoid years of suffering; when every woman who now wisely selects a mechanic to regulate her sewing machine, or a practical musician to tune her piano, shall act as discreetly in the selection of one to regulate that delicate mechanism which sends a glow of health and beauty through her frame, or those ten thousand nervous filaments, which, when in tune, send thrills of joy and pleasure through her system; when every manufacturer shall select his physician as wisely as he does his machinist; every lawyer, who in his profession examines evidence so closely and estimates it so exactly, shall examine science before he rejects it; every minister of the gospel shall hate nostrums as he does Pantheism,—avoid infidelity as he would transcendentalism,—believing there is science in medicine as well as theology; when all persons, in every depart-

ment of life, shall fully and perfectly understand the laws of hygiene, and be willing to follow them, thus preventing a vast amount of unnecessary disease, so that what is suffered may be justly and truly termed a dispensation of Providence; when the whole community shall unite with the wisest and best physicians in arresting disease in its incipient state, curing what in this approaching, enlightened age, shall be curable, greatly alleviating and palliating what is incurable. - Blessed are they who see the day of glory, but more blessed are they who contribute to its approach."*

Secker.*

REPORTS OF COMMITTEES.

Report of the Annual Examination of the Candidates for the Degree of Doctor of Medicine, at Yale College, for 1858.

THE Board of Examiners convened on Wednesday, Jan. 13th. Present, on the part of the Medical Society, Benjamin H. Catlin, M. D., of Meriden, President; Chas. Woodward, of Middletown; P. G. Rockwell, of Waterbury; and James Welch, of Winsted;—and on the part of Yale College, Prof. J. Knight, C. Hooker, H. Bronson, W. Hooker, B. Silliman, Jr., and P. A. Jewett.

Six Candidates submitted their Dissertations, and after examination were recommended for the degree of Doctor of Medicine (viz.)

John Martin Aimes, of Orange, on "Food," with the Valedictory Address.

George Washington Birch, of Brookfield, on "Apoplexy."

St. Felix Otiardoux, of Gandoloupe, W. I., on "Lactation."

Daniel Armstrong De Fovet, of Newburg, on "Typhoid Fever."

Henry Webster Jones, of Bridgeport, on "Alimentary Substances."

Trusky Beers Townsend, of New Haven, on "Indirect Inguinal Hernia."

Samuel W. Gold, M. D., of Cornwall, and P. G. Rockwell, M. D., of Waterbury, were appointed to give the Annual Addresses to the Candidates in 1859 and 1860.

Chas. Woodward, M. D., was appointed to report the proceedings of the Board, to the President and Fellows of the Connecticut Medical Society.

The Medical Commencement was held on Wednesday evening. Dr. John Martin Aimes of the Graduating class, gave the Valedic-

lary Address, after which the Degrees were conferred by President Woolsey.

Archibald T. Douglass, M. D., of Groton, who had been appointed by the Board of Examiners to give the Annual Address to the candidates, was prevented, by sudden and severe sickness in his family, from attending the examination; though we are informed that he had prepared his address.

The examination of the candidates was highly satisfactory to the Board. Though few in number, their instruction had evidently been thorough, and they evinced talents and qualifications of a high order.

The committee would take this occasion to call the attention of the Convention to the claims of the medical department of Yale College, on the Medical Profession of this State. With us it originated; in our hands its founders placed its supervision; and on us rests to a great extent, the responsibility of its success. It is unnecessary here to state that it has been an honor both to the State and the Profession. The several departments have ever been filled with able Professors, and the instruction given in the elements of medicine has been, we believe, equal to that given in any other Institution in this country. The comparative small number who seek instruction here, is not owing to the character of the instruction, but to causes which it is unnecessary here to recapitulate. To a certain extent they are unquestionably beyond our control, but at this period, when Medical Institutions are so numerous, and the competition for pupils so great, something more is required of its patrons than to see that the chairs are ably filled. There is much that can and should be done by the members of the Profession, individually and collectively, to foster and sustain that which we should consider as our school for medical instruction. To the Convention, however, we would leave this subject, to adopt such measures, if by these any are deemed necessary, to strengthen the hands of the Professors and place the Institution in its appropriate position.

In behalf of the Board of Examination,

CHARLES WOODWARD.

Report of the Committee to whom was referred the matter of devising some plan for the more suitable accommodation of the insane convicts and others, at that time confined in the State Prison and Jails of the Commonwealth.

This committee, it may be remembered, was appointed at the Convention of the State Medical Society which was held at Norwich, May 10th and 11th, 1835. It consisted of one from a county: viz., Drs. Hunt, Knight, Casey, Simmons, Fuller, Peters, Bennett, and Dean.

The course at that time proposed to be taken by the committee, and which was subsequently pursued, was to memorialize the legislature, then in session at Hartford, asking for a hearing before the committee of that body, to whom their memorial should be referred: to whom the friends of the movement could make known at length the wants of those in whose behalf they appeared, and also suggest such measures for their relief as seemed to be demanded.

Though the members of the committee appointed by the Society did not all appear to urge the highly important and benevolent project with which they were charged, several of them manifested the deep interest they felt, both by letter to the Chairman, and also by availing themselves of all suitable occasions to explain and impress favorably the minds of their own, and other members of the legislature with whom they came in contact.

The report (of which a thousand copies were printed, some two hundred of which being attached to the "Proceedings" of that year, as an appendix) made by the Committee on State Humane Institutions, to whom the memorial was referred, clearly evinces, both on the part of the committee itself, and on that of the friends of the undertaking proposed, a becoming interest: several of these best informed, from a long residence at the Prison, and mature reflection on the subject under consideration, being present, and stating, quite at length, before the committee, the conclusions to which they had come. These, together with much other valuable information procured at home, and from the experience of other countries, formed the broad and convincing basis upon which the Report referred to was founded. In compliance with the views of this committee, the legislature passed an act, appointing a commission, with power to take such preliminary steps as would bring the matter, in an intelligible and practical shape, before the succeeding one: and \$1,500 were appropriated for this purpose.

The commissioners, in conformity with the requirements of this act, prepared a plan and specifications in detail, together with estimates of the cost of erecting a stone structure, adjoining the State Prison, capable of accommodating, with good sized, well lighted, and thoroughly ventilated rooms, sixteen inmates. They also arranged for an enclosure, embracing some half an acre, surrounded with a wall of stone, eighteen feet high, in which the patients could be exercised, and to some extent employed in horticulture. The plan indeed, as a whole, contemplated a building with grounds attached, such that those confined there, could receive all the curative treatment usually afforded at the best hospitals for the insane, be kept secretly, and their comfort, whether curable or otherwise, be consulted to a reasonable extent. It may be proper to state here, that the plan of the commissioners provided no distinct accommodations for females, nor for the noisy; for the reason,—first, that the history of the prison furnished no example of an insane woman; second, that apartments for the noisy inmates, which were a very small class also, were already provided in the new prison, contiguous and readily accessible; and finally, because a plan contemplating arrangements for these several classes, while practically it would have been of little use, would have so increased the cost of the structure itself, that it would have been a hopeless undertaking to attempt to induce the legislature to appropriate the amount required to build it.

The plan submitted to the legislature of 1856 was adopted, which appropriated for this and certain other greatly needed improvements at the prison, among them the enlargement of the hospital for the treatment of ordinary diseases, the sum of \$12,000. Further, it appointed a commission to be associated with the State Prison Directors in effecting these several alterations and additions. Though the appropriation of 1856 was known at the time it was made to fall somewhat short of the probable cost of the work directed to be done, it was decided by those to whom the matter had been intrusted, to proceed with these greatly needed improvements, and to look to the legislature of 1857 to make up the deficit that might then be found to exist. The contract for the entire work, therefore, was made, subject to certain contingencies, depending upon the action of the legislature,—during the winter of 1856-7, and the improvements began early during the spring following. The legislature of 1857 appropriated the additional sum of \$5,000, which was found to be required, making the entire cost of these several improvements, \$17,045. There are now ample and suitable accommodations in apartments,

appropriated to their exclusive use for those at the prison suffering from the ordinary forms of disease; and also, it is believed, for the present at least, both for those insane convicts now at the prison, those confined in the several jails of the State who may be transferred here by an order from any one of the judges of the superior court, and also for any such as those who, acquitted of crime because of insanity, are still regarded by the same authority as suitable subjects for this place, their own condition and the public safety demanding it. The experience of those having charge of insane hospitals had invariably decided against the confinement, either of the convict insane, or of those acquitted of crime on the ground of insanity, with the innocent insane; and the public mind was equally settled, wherever the question had been suitably considered, in the conviction on the one hand, that the lunatic ought not to be let at large; and on the other, that they ought neither to be treated like brutes nor compelled to occupy felon's cells, and submit to the harsh and degrading discipline which appropriately prevails in the criminal department of the State Prison; but rather that both classes should, for the same being, and while suffering from the most terrible of human ills, be treated with kindness, and such indulgence, not incompatible with security, as was needful for their comfort and restoration. Hence, wisely, and in the exercise of an enlightened benevolence, and with a promptness, I may add, that does them infinite honor,—for Connecticut first agitated, and is first among her sister States, some of which have already entered heartily upon this good and greatly needed work of reform, to enter upon her reward,—they directed through their appropriate channel, the legislature, that these provisions be made for those suffering classes, which I have just described, and whose completion it is now my privilege to announce to the Society.

I can not, nor ought I to, conclude, without assuring the Society of the obligation which, in my judgment, is due, both on its own part and from the friends of suffering humanity throughout the State, to our valued Secretary, Dr. Beekwith, who most ably and triumpantly vindicated and sustained against no ordinary opposition, especially during the session of 1857, this benevolent enterprise. It is by no means too much to say, that without his constant watchfulness and successive defenses of it in the House, it would not have succeeded, and one less instance of the ever active, all-embracing charity of our profession exist, to challenge the gratitude and respect of mankind.

E. K. HUNT, *Chairman.*

HARTFORD, May 1st, 1858.

Report of Committee appointed "to confer with State Librarian relative to Registration of Births and Deaths," to State Medical Society, in Convention, at Watrborg, May, 1858.

With the system of registration now in force, the members of this society are all doubtless familiar, yet it may be well briefly to refer to some of its leading features. It provides for obtaining the information sought for from the most reliable source of such information, viz., physicians; and calls for it at intervals so frequent that the memory may be safely depended upon, so far as it may be found needful in any time to appeal to it, and all parties concerned in making the returns complete, may be readily found to answer any desired inquiries. The compensation also, as a rule, is reasonable, greater than in Massachusetts or Rhode Island, and all that the profession should desire for the service performed.

The State Librarian, to whom an abstract of all the returns made, is to be sent, and who is required by law to make up the annual report, is well qualified for the task, and is commendably desirous that it should prove equally useful to the State, and creditable to the profession and himself. He is also, your Committee are quite sure, ready to receive in a friendly and liberal spirit, any suggestions that may be made to him, through the Medical Society, and to carry them into effect, irrespective of the tax they may impose on himself, provided only that the laws under which he acts give him the requisite authority.

Having then a good system of registration, simple yet well adapted to the end in view, and all the means and appliances to make our labor in this important, yet hitherto comparatively uncultivated field effective, it is only required of the members of this Society that they perform a plain duty in conformity with its provisions. Make up your certificate for each birth and death that takes place in your practice, return it within the time appointed to the registrar, and at the end of the year you have as a reward of this trifling labor, not merely your fees, but the same information from every other physician throughout the State, arranged and tabulated in a form well adapted to answer intelligent inquiry, and also to give you much information which in fact it is becoming discreditable not to possess. Were this, or some like system of registration, to last but for a single year, its returns would amply pay their cost; but one of the prominent and most interesting features of a work of this kind consists in the fact

that its value greatly increases through the aid which each successive year affords toward establishing positive results,—their value being the greater just in proportion to the extent of the basis on which they are founded. Consider, we pray you, for a moment, the general truths relating to the fatality of different forms of disease, the sections of the State in which one or another disease is found especially to prevail or otherwise,—for the fact, be it one way or the other, is equally valuable; noting when diseases, if any, seem especially to prevail on the seaboard, and what cause is asked; the mortality at the different ages in the different sections of the State, more especially contrasting cities and large towns with the country in this particular; the effect of occupation on health; consider these few, as you well might as many other features of our reports, especially as exhibited in decennial results, for example, and how many strikingly interesting and practically valuable truths would they present? and all for what? for the labor we repeat, on your part, of making up the returns of births and deaths that have happened annually during this period, in your individual circuit of practice. We can hardly believe a single member of this time-honored Society to deal to a high public necessity, to his own interests and the honor of the profession, as is come short, when in fact so little is required of him, and the reward so great, as it must be found to be in the proper performance of this important duty.

Looking to the circumstance, that by every physician's doing his duty, we reach every quarter of the state, every representative district, we have a lever, by means of which, if united, we may readily, and with certainty, secure any change or reform in the system of registration, that may seem to us at any time to be demanded. While the facts above named, in connection with their bearing upon the means of preventing disease, or prolonging life, will have a controlling influence with the medical profession, considerations of a more selfish, or at least partaking of a less benevolent character, may operate with equal, if not greater force, upon the general mind of the State; and we may, with the view of weakening and sustaining a proper interest in this matter, on the part of the people, appeal to every taxpayer, to say whether more money is not expended one year with another, in the several towns of the commonwealth, in determining the residence of paupers, than the cost of executing the registration laws amounts to; all of which may be saved, including the vexation and trouble attending inquiries of this sort, at no distant day through their agency.

The settlement of causes also, which have heretofore not infrequently involved protracted and expensive law-suits, may be effected by a reference simply to the returns, it may be, at some future day by those which some of us are just now making. The rates of life insurance may and ought to be predicated upon such returns as we are called upon to make, and ultimately the value of life will be estimated truthfully upon our returns, rather than, as at present, upon foreign or guess-work systems, now in vogue; probably lessening the cost of insurance.

Such are a few of the considerations with which we can approach our fellow-citizens, and demonstrate to them that a registration law as certainly and as closely affects their interests as our own; indeed, more so, for all the light which we procure by means of it, is at once applied to the prevention and cure of disease prevailing around us. What we want,—indeed, what the community wants, and all that is required to render registration eminently popular with the people,—is a clear appreciation of its practical bearings. To this end, therefore, and without further remark, we put the inquiry to every professional man throughout the State, in what way can you do yourself more service, in what way confer a greater boon upon the community in which you live, than from year to year acquainting yourself fully and with accuracy, as to the forms of disease, and the amount of mortality, with its rate per cent. of the population, which takes place in it; the causes that have conspired to produce it, whether owing to the occupation of the people themselves, or to the physical characteristics of the place, involving its temperature, topographical or geological features, or to both of these, or any other evidence bearing upon the subject before you; making up annually your return in accordance with an established form, and sending it as you now do to some appointed agent, so that it shall ultimately come back to you enlarged, and embodying not only your own, but the like information gathered up in the one hundred and fifty towns in the commonwealth; a mine of information, properly used, to yourself and neighbors? We have no hesitation in asserting that no physician can faithfully perform this task, looking at it in the comprehensive light in which it ought to be viewed, without reaping a rich reward in the mental benefit that will attend upon its performance, to say nothing of the increased estimation in which he would find himself held or account of it by his fellow-citizens.

If we see the obligation and reward attending a conscientious discharge of this simple and easy task, your committee would inquire farther, what ought to be and must be the dishonor, in this enlight-

end age, attending to its neglect, or even its partial and imperfect performance? and leave the answer to the inquiry, without comment, to every fair-minded and liberal member of the profession.

What is true in regard to deaths is equally so of births, and the considerations applying to complete returns of one, are equally true of the other. Still-born births, your committee respectfully submit to the Society, ought to be returned, as well as plurality and illegitimate births, all county-wise, and also the nationality of parents. These returns made for a few years, would show to some extent the moral status of our commonwealth, and also that the foreign element in our population is rapidly becoming numerically predominant. These, and probably other important facts, might, through the instrumentality of the Librarian, be returned in connection with the returns of births and deaths respectively, without adding in a degree worth naming, to any one's labors save those of the Librarian himself.

We can not refrain from suggesting that if some of the leading conclusions to be deduced from the preparation and study of the tables, were stated in ordinary language, the labors of the Librarian would possess much greater practical value. Unless one sits down to the deliberate study of results numerically expressed, not only the particular, but the more general and striking truths, to be obtained therefrom, are likely to escape observation, or, if noticed, to be soon forgotten. Besides, we are of the opinion, that both in the profession as well as out of it, the returns would be more extensively read and more popular generally, if results published as just intimated, accompanied each table, or followed, which would probably be preferable, as an appendix, the whole. We trust that the Society will concur with us in regard to the above charges, and bring them in a suitable manner to the notice of the Librarian.

Your committee have regretted to observe that the nomenclature and arrangement of diseases, as approved and adapted by the American National Association, are not followed in some States, a European standard being preferred. To our minds the reasons are decisive in favor of conforming to our own system, and we should exceedingly regret to know of any departure from it in this State.

As to the names of diseases as they appear in our annual reports, we would express the warmest hope that every member of the Society will see to it that he does not bring the profession into contempt with intelligent persons out of it, by the use of terms known only to the vulgar, and finding no place in any received system of practice. Besides, many terms are employed in quite too general a sense to

become of any practical value. Of these classes, we will name but two examples, viz., ill and white ciner: though we are sorry to say that they might both be largely extended.

In conclusion, your committee congratulate the Society on its appointment of a standing committee on registration, requiring that it maintain a close relationship and active co-operation with those appointed by the State to make up our annual reports, and to communicate with this Society annually in writing, fully believing that to-own and the interests of the people of the State, are intimately associated in maintaining a well ordered and faithfully executed system of registration, and that the law of rotation, applying to the other standing committees, should apply to this.

E. K. HUNT, *Chairman*.

Report of Committee of Publication, read before the Convention at Waterbury, May 26th, 1858.—G. W. Russell, M. D., Chairman.

THE Committee of Publication appointed by the last Convention would report:—That they met at Middletown on the fifteenth instant, and examined the several dissertations, &c., which had been sent to them, and would recommend for publication with the proceedings of the Convention the following: viz.:

A paper on Puerperal Convulsions, by C. A. Lindsey, M. D., of New Haven, and one on Human Embryology, by C. L. Ives, M. D., of New Haven, both read before the New Haven County Medical Society; a paper on Surgical Diseases of the Rectum, by Lewis B. Folsick, M. D., of Norwich, read before the New London County Medical Society; a Biographical Sketch of William C. Williams, M. D., by William Scott, M. D., and a Sanitary Report from Hartford County, by A. W. Barrows, M. D., both read before the Hartford County Medical Society; and a Biographical Sketch of John S. Peters, M. D., by J. B. Williams, M. D.

While your committee regret that so few papers have been sent them for examination, they yet rejoice that a commencement of this plan has been made, and believe that more may be reported in future. It is their opinion that the value of the proceedings will thus be increased, and that a volume may annually be published by the Society from the contributions of its members, which will be creditable to the profession of the State.

And it is seriously urged upon the members of the Convention whether we shall not better enlist the sympathies of the younger members of the profession, many of whom do not now connect themselves with the Society, by adopting some such plan as is contemplated above, which, while it confers benefit upon all, furnishes a method of communication for the active and inspiring mind.

The committee, early during the present year, sent a letter to the clerk of each county, bringing to his notice the resolution passed by the last Convention in appointing a committee of publication, and requesting his co-operation:

GURDON W. RUSSELL.

P. A. JEWETT.

GEORGE W. BURKE.

May, 1858.

SANITARY REPORT.

Read before the Hartford County Medical Society, April 29th, 1858.

BY E. W. BARROWS, M. D., OF HARTFORD.

GENTLEMEN: The committee on the sanitary condition of the county for the year past, would respectfully report:—That the chairman, in accordance with custom, sent circulars to all the members of the society, soliciting information in regard to the following subjects of interest, viz., whether any epidemic or unusual disease had prevailed; if so, to what extent, and whether mild or otherwise; whether any local causes existed calculated to produce or modify disease, &c. With few exceptions, no returns to these circulars have been received. Your committee, therefore, are not in possession of sufficient data to enable them to present so full and accurate a report as would be desired. In the absence of more definite information, such as the physicians of the several towns alone can furnish, your committee will furnish such general facts, taken from the reports of registrars, with particulars relative to a few places in the county, as seem to them most worthy of note.

There has been a larger number of deaths reported from zymotic than from any other class of disease; deaths from zymotic diseases, comprising more than twenty-nine and five-tenths per cent. of all known causes. And of these, the exanthematic diseases, viz., scarlatina, small pox, and measles, furnish a large proportion. Ninety-one deaths from scarlatina are returned, cases being reported from a large proportion of the several towns of the county, showing its general prevalence. Whether it has assumed an epidemic form in any place, we are unable to state. Dr. Scott states that the disease has prevailed to a considerable extent in Manchester, especially. In Hartford it has existed to a greater or less degree during the year,

but at no time to such an extent as to entitle it to the character of an epidemic. Cases have occurred in all sections of the city, but the disease has shown no decided tendency to communicate itself by contagion, a single case often presenting itself where several children have been exposed. There has been nothing peculiar in the character of the disease; a large proportion of the cases were mild, a few severe, especially during the summer season, when they assumed a congestive character, attended by convulsions from the commencement, and proved rapidly fatal. Twenty deaths were reported from measles and fourteen from hooping-cough. These diseases prevailed in Hartford during the autumn of 1856 and continued through the following winter and spring. Nothing peculiar was observed during their progress. Thirteen cases of measles and five of hooping-cough proved fatal; most of which occurred among indigent families, and the result was often due to neglect and exposure. These diseases distributed over the city and prevailing simultaneously, many subjects were attacked by the latter before they had fully recovered from the effects of the former. Many of the fatal cases were of this character, while other cases were rendered unusually severe and protracted.

Small-pox made its appearance as an epidemic in Hartford in November, 1856, and continued to prevail as such during the whole or greater part of the ensuing year. There seems to have been a peculiar susceptibility on the part of all unprotected persons to contract the disease. Persons who had never been vaccinated, or imperfectly so, were almost sure of contracting this disease when they came within the influence of the contagion. Notwithstanding the constant and persevering efforts of the health officer of the city, (Dr. Holmes,) seconded by the profession, to put a stop to the continuance of the epidemic by vaccination, still the influx of unprotected persons, and the carelessness or obstinacy of others, have furnished abundant material for keeping the disease alive. More than three hundred cases of small-pox and varioid have occurred in this city during the past year. One hundred of these were small-pox. Thirty cases proved fatal, all of which are reported to have been confluent or malignant in their character. It was ascertained that twenty-three of the fatal cases had never been vaccinated, and of the remaining seven no positive evidence of vaccination could be obtained. Indeed, very few of the subjects of small-pox were known to have been vaccinated, and of varioid very few had been vaccinated. Small-pox has prevailed to some extent in all the larger villages

of the county; five deaths are reported in Gloucestershire, three in Bristol, one in East Windsor, and one in Windsor.

There seems to have been an universal exemption from those zymotic diseases continually prevailing during the summer and autumnal months. Thirteen fatal cases of dysentery, fifteen of diarrhoea, and twenty-one of cholera infantum, only, are reported from the county. Of cholera infantum, thirteen deaths are returned from New Britain. In Hartford there were but comparatively few cases of this character; these were generally mild and amenable to treatment.

Fifty-eight cases of typhus fever are reported, and these were distributed pretty much over the whole county. Berlin reports seven deaths, Manchester five, Canton and Southington each four cases, Hartford fifteen, and other towns one or two each.

Of camp, twenty-one fatal cases are returned. In New Britain six, Hartford four, Southington five, Windsor Leeds two, other towns one each.

The number of deaths in the county from affections of the respiratory organs is three hundred and ten. Consumption yields one hundred and eighty-eight, pneumonia one hundred and five, these two diseases comprising nearly nine-twentieths of the whole class. The cases of pneumonia are distributed in nearly equal proportions throughout the different sections of the county. Pneumonia, as observed in Hartford and its vicinity, has been of a typhoid character. This has been especially true of the cases occurring in the latter part of the year. The same fact has been noticed in other parts of the county. In treating the disease, bleeding was found to be inadvisable in almost every instance. Antimony, if borne at all, was tolerated only in the early stage of the disease and in small doses. Calomel and other purgative agents required to be used with great caution, as their purgative effects were soon felt, if administered to any great extent. The use of barks and stimulants were often indicated at a very early stage of the disease. The application of blisters and other counter-irritants were highly serviceable. Although this disease in many instances presented itself in a severe form, yet the mortality was not unusually great and the recoveries were as speedy and perfect as when it occurs in a milder form.

The percentage of deaths from consumption is fifteen and eighty-two-hundredths, something less than one in six. The percentage for the whole state is eighteen, or more than one in six. Taking the number of deaths as the basis, it appears that consumption is more prevalent in some parts of the county than in others. Thus the

towns bordering upon the Connecticut river exhibit a larger proportion than the higher and more hilly portions of the county. In Hartford the percentage is low, less than ten; with this exception, the average of the river towns is twenty-six and eight-tenths per cent., more than one in four; while the other towns give only fourteen and four-tenths per cent., or one in seven. Wethersfield presents by far the largest proportion, twenty-one out of forty-seven, or one in every two deaths. Windsor, eleven in thirty-one, or about one in three. East Hartford, thirteen in forty-two, or one in three. East Windsor, Glastenbury and Rocky Hill each give one in five. On the other hand, Burlington returns none; Bloomfield one in seven; Marlborough one in nine; Avon one in seven; Farmington one in fourteen; Granby one in sixteen; the proportion in most of the remaining towns being somewhat greater.

The number of deaths from diseases of the nervous organs for the year is one hundred and eighty, an increase from the previous. It has been stated that the percentage of deaths from this class of diseases has been annually advancing. This opinion is doubtless well founded. Apparent causes in daily operation are well calculated to bring about this result. The restless disposition of our people; the haste manifested on all sides to forward plans for the accumulation of wealth; the frequent excitement, political, financial, and religious,—all tend to induce stimulation of the nervous system and render it more susceptible of disease. The manner of conducting schools, particularly in our larger towns and villages, undoubtedly proves a fruitful cause of cerebral trouble. Tasks are imposed which require for their accomplishment too much of the time needed for sleep and outdoor exercise. School committees and teachers, urged on, in some instances, doubtless, by zealous parents in their endeavor to benefit their children, by calling into action their mental faculties, too often neglect the no less important duty of developing a sound and vigorous body. Another cause tending to produce a like fatal result among the younger children, is the close and constant confinement in ill ventilated apartments. It is believed that cerebral diseases prevail more among the young, in cold, than in warm weather. During the winter the curtains about the doors and windows of the nursery, are closed so as to exclude the pure air, while stoves and furnaces are kept in full operation. As medical men, these points are of the greatest importance.

Deaths from diseases similar of the circulatory, digestive, urinary or generative organs, have been comparatively few in number.

Your committee think it safe to conclude that, exclusive of zymotic diseases, there has been less than the ordinary amount of sickness in the county during the past year.

Dr. B. N. Hastings reports that "New Britain has been remarkably exempt from epidemics during the year 1867 and the whole amount of sickness has been regarded as materially less than for several previous years. As usual, our irregular practitioners have furnished to the registrar no reports of deaths, and our statistics of mortality are very imperfect, if not wholly valueless."

Dr. William Scott, of Manchester, writes that "in 1849-50 dysentery, typhus fever and scurvy prevailed to a very considerable extent, and the mortality was much increased. During the past year it has been very healthy. A few sporadic cases of contagious disease have occurred. Four cases of small-pox were brought from Hartford, all of which recovered. Vaccination and revaccination were resorted to with success, the disease being limited to the imported cases. A few cases of scarlatina occurred of the simple or anginous variety."

Dr. R. W. Griswold, of Rocky Hill, states, "The amount of sickness in this town was much greater than for the two previous years, but was mostly of an 'accidental' character, there being nothing of an epidemic nature, except the measles, which prevailed in the winter of 1866-7.

All of which is respectfully submitted.

A. W. BARROWS, M. D., *Chairman.*

PUERPERAL CONVULSIONS.

*Dissertation read before the New Haven County Medical Society,
April 8th, 1838.*

BY C. A. LEECH, M. D., OF NEW HAVEN.

MR. PRESIDENT AND GENTLEMEN:—Perhaps our profession are not called to contend with any other disease, so formidable in its character, respecting which the best authors agree so exactly in the treatment. With scarcely a dissenting voice the great chief remedy is venesection,—copious depletion, almost without reservation.

Dr. F. Churchill says: "The first thing to be done is to take away blood from the arm or temporal artery *largely*; if the paroxysm continue, this may be repeated."

Dr. Copland, in his Dictionary of Medicine, in the article on Puerperal Convulsions, observes: "Depletion may be carried further in those stages of the disease which assume the character of eclampsia, or which are attended by great fullness about the head, or stertorous breathing, than in almost any other malady."

Dr. Cazeaux remarks: "At the head of the list of curative means we must place sanguineous emissions, which have been resorted to under every form. To these, therefore, we must first have recourse."

In like manner, Dr. Rigby, Dr. Ramsbottom, Dr. Meigs,—in fact almost every authority,—recommend free depletion. The inference naturally drawn from this fact would be that the etiology and pathology must be as well understood, and the lesions of the disease as uniform, as the treatment recommended. An inference, however, that would be far, very far from the truth.

Indeed, the utmost confusion prevails among these same authors concerning everything else beside the treatment.

To illustrate, I give some quotations in reference to the cause, from several contemporary writers who will be recognized as authority.

Dr. F. H. Ramsbottom says: "The most usual proximate cause is probably pressure on the brain; this pressure being sometimes produced by the rupture of a bloodvessel, sometimes by serous exudation into the ventricles or between the meninges: sometimes, and by far the most frequently, by simple congestion of the cerebral vessels themselves: as to the remote causes the subject is at best but unsatisfactory and little understood."

Dr. Rigby remarks that: "The exciting cause of convulsions parturitionis is the irritation arising from the presence of the child in the uterus or passages, or from a state of irritation thus produced continuing to exist after labor. The predisposing causes are general plethora: the pressure of the gravid uterus upon the abdominal aorta; the contractions of that organ during labor; constipation; deranged bowels; retention of urine; previous injuries of the head, or cerebral disease; and much mental excitement."

Dr. F. Churchill declares: "It is exceedingly difficult to state anything very definite as to the cause of puerperal convulsions."

Dr. Leacock asserts that: "The immediate causes of puerperal convulsions are often very obscure. They appear sometimes to depend on a loaded state of the vessels of the brain; at other times the brain appears to be influenced by distant irritation, either in the uterus, or in the digestive organs; and again, in some cases puerperal convulsions are induced by a peculiar irritability of the nervous system."

Dr. Collins says: "I confess we are quite ignorant as yet of when the cause may be, nor could I ever find on dissection any appearance so useful as to even hazard an opinion on the subject."

I might exhaust your patience, gentlemen, with quotations from the most eminent obstetric writers, exhibiting the discrepancy of opinion and doubt that exists concerning the causes of this dreadful malady.

Any treatment founded upon no better basis than the guesses and surmises in the above quotations must be almost or altogether empirical.

The therapeutics of any disease is philosophic and scientific just in proportion as it is the result of well understood pathology and etiology.

In regard to puerperal convulsions, it remained for the masterly mind of Marshall Hall, the discoverer of the function of the spinal marrow, to give the key to the solution of this obscure problem. He has demonstrated by repeated vivisections, which other observers have confirmed by the severest tests, that lesions of the encephalon induce paralysis only: whilst lesions of the medulla oblongata or spinalis

induce convulsion or paralysis according to their severity. Hence it follows that the seat of convulsion of every form must be in the spinal column; which opinion is supported by the experiments of Magendie, Schöepf, Florens, Herwig, and others.

An interesting experiment performed upon a dog by Dr. Marshall Hall, proved that irritation of the brain produced no effect, while pinching the dura mater lining the cranium, to which are distributed branches of the fifth, excited convulsions; so that the brain is actually inactive of spinal action, while the meninges are strongly excited. The brain, therefore, has neither access of conscious sensation nor of excito-motor, although it is the seat of conscious existence. Pathology too gives support to the same idea, for we know that a tumor may exist in the brain without causing any cerebral or spinal symptoms, while a spicula of bone on the interior of the skull may occasion epilepsy. If the tumor does cause convulsion, it is by extension of irritation to the meninges, or by pressure on the medulla oblongata.

From such facts as these, and many others, the inference is conclusive that the nervous system is to be considered both physiologically and pathologically as two essentially distinct and separate organs, named by Dr. Marshall Hall the cerebral system and the excito-motor system. The last, with which we have more particularly to do, comprises the medulla spinalis and oblongata, with the corpora quadrigemina, forming together one distinct organ. Of this, Dr. M. Hall makes the following very comprehensive remark: "I believe that the whole order of spasmodic and convulsive diseases belongs to this, the excito-motor division of the nervous system, and that they can not be understood without a previous accurate knowledge of this system."

But the authors above quoted agree, so far as they agree at all, in locating the disease in just the other division, the cerebral system, the brain. Forasmuch, however, as neither physiology nor accurate observation in pathology will sustain their theory, we must abandon it, or rather discover, if possible, the true relation of the cerebral symptoms to the disease.

If it is the fact, as authors assert, that cerebral congestion is the cause of the attack, at what period of the labor ought we most confidently to expect the seizure? Most assuredly, and for every reason, when the congestion is the greatest,—that is, in the second stage of labor, when the violent contraction of the uterus expels the blood from its parietes into the rest of the system; when the powerful exertion of the voluntary muscles pumps out a still larger quantity of blood into

the arteries and veins; when the head of the fetus in the vagina has excited the reflex action of the expiratory muscles, causing with every pain, partial or entire closure of the glottis, interfering with the proper oxygenation of the blood in the lungs, obstructing its return from the head and often distending the veins of the head and neck until partial asphyxia occurs. Surely, if simple congestion can produce convulsions, it is at such a time we should expect it. But such is not always the fact. The patient is often seized even before labor has commenced, or in the first stage when the circulation is undisturbed, and there is as yet no excessive cerebral vascularity; and again, she may pass through the ordeal of the second stage unharmed, and be seized with the fits after the labor is concluded.

Does not this fact alone sufficiently refute the generally received opinion that congestion of the brain is the chief cause?

If congestion of the brain is the principal agent in the production of eclampsia, how can we explain this undisputed fact, that eclampsia occurs both before and after the most enormous congestion of that organ as frequently as during such congestion? Because engorgement of the vessels of the head is a constant symptom of the fit, it is not proof that it is the cause of the fit. Because after death from convulsions, sanguineous and serous effusion into the ventricles and between the membranes is found, it is not proof that such effusion was the cause of the convulsions. It is much more probable that both the engorgement and the effusion are in most cases results,—consequences of the disease,—and not the cause. Looking from another point of view, congestion of the brain is precisely what might be anticipated as an effect of the fit. During the attack almost every condition exists that would of the most inevitable necessity produce distension of the cerebral vessels and effusion. The fact is, gentlemen, observers have been looking through the wrong end of the glass: they have seen every object distinctly, but they have misinterpreted them.

In using the cue thus strongly, however, I do not wish to be understood as saying that congestion and effusion are never the cause of convulsions; on the contrary, I believe that sometimes they are the cause. Now to illustrate exactly my idea I will suppose two instances. If during the force exertion of the periparturient stage of labor, rupture of a blood-vessel occurs, producing by the effusion counter-pressure upon the medulla oblongata, and as a consequence convulsions, the cause must undoubtedly be ascribed to the effusion. But if the patient is thrown into convulsion by irritation of the os uteri, and during the fit, rupture of a blood-vessel occurs with effusion into the

brain, although after death precisely the same amount of coagula is found, and even in the same locality, the diagnosis of the two cases is vastly different. In the first case the coagula must be considered the cause, in the second only the effect, of the disease. I find a case in my note-book interesting in this connection, as illustrating some of the above remarks. It is as follows:

August 12th, 1855. I was called early in the morning to see Mrs. S., forty years of age, about to be confined with her tenth child. Her travail was tedious during the day, but in the evening the pains became more energetic, and about nine o'clock P. M. she was delivered of a healthy child, attended with considerable though not excessive hemorrhage. Nothing unusual occurred for more than a week, excepting a headache, which she said she had suffered during the last twelve months. As she said that her former attendants had told her it was neuralgic, and as it was not unusually severe, I did not investigate it nor prescribe especially for it. Her lochia continued about ten days in normal quantity and color. Her milk began to be secreted on the third day, but not so abundant as usual, and gradually diminished. On the 24th, ten days after confinement, her family congratulated themselves on her improved state because she slept quietly and did not complain of headache; but in the evening they became alarmed, because they discovered she could talk only with difficulty, and that her right arm was partially paralyzed. I was immediately called, and found her with almost complete facial palsy upon the right side, and scarcely able to raise the right hand to her face: her leg was not as yet affected. Her speech was imperfect, but her mind was clear. These symptoms increased, attended with slight convulsive action gradually growing more violent, until the next day between eleven and twelve o'clock, when she died.

Post Mort. twenty-four hours after death, thorax and abdomen entirely normal. Calvarium was very thick: on removing it found considerable serum; blood-vessels all filled with blood. Upon laying open the cranium upon the left side, found a coagulum of blood near the centre as large as a goose egg. The structure of the brain was softened all about it for more than half an inch. There was evidence that the coagulum had existed a considerable length of time; in all probability had been there prior to her confinement. It is rare indeed that we meet with an instance in which a protracted and tedious labor is continued with such extensive lesion of the brain,—either condition appearing to have any relation to the other. It is very instructive, too, illustrating fully the fact that so long as the disease is confined to the brain, convulsion can not be a consequence, even though attended

by the exciting cause of severe labor. It is of interest, too, in regard to the teachings of the old authors. According to them, here was every condition fulfilled requisite for the development of puerperal convulsions. But instead, she suffered a severe and protracted labor without any symptoms of them. On the contrary, the first indication of disease of the nervous system was paralysis, the legitimate effect of disease of the brain. And not until the increase of the cerebral contents produced counter pressure upon the upper portion of the intervertebral system did convulsions occur.

Seeing, then, the cause of locating the disease is the brain, and adopting the theory of Marshall Hall that the excito-motory division of the nervous system is the true and only centre of convulsive action, it follows that the causes must be such as act immediately upon that central organ, or such as are transmitted to it from the extremities of the excito-motor nerves. The first class he denominates the centric causes, the other the eccentric.

Among the centric causes, or those which act directly upon the spinal marrow, may be mentioned, alteration in the quantity, or in the quality of the blood. And there is also good reason for supposing that sudden emotion is direct in its influence upon the spinal centre, although the anatomical mechanism of its operation is as yet wholly inexplicable.

That an excessive quantity of blood in the vessels of the spinal column is a powerful excitant of that organ, scarcely admits of doubt. The pathological effect of active congestion is almost always stimulant, and the full distension of the vessels, whether producing rupture or not, would create pressure, which incontestable experiment has proved to be an infallible excitant of spinal action. In like manner, congestion or extravasation within the cranium, by filling a portion of the space within this rigid bony cavity, creates a counter pressure upon the *medulla oblongata* and the superior extremity of the intervertebral column, and again we have convulsions, the active symptom of spinal irritation. So, too, the growth of a tumor, or any disease capable of producing internal pressure within the brain, would cause the same result. If, then, plethora is a spinal irritant, on the other hand, the opposite condition, spinal anæmia, is an equally powerful irritant. We see constant illustrations of this in deaths from hemorrhage, which are generally attended by convulsions; and animals led to death either in experiments or at the slaughter always have convulsions. It appears, then, that any great alteration in the quantity of the blood, whether it be an excess or deficiency, is a cause of

convulsion. This is a significant fact in reference to treatment. Recent and more accurate observation goes to show that a change in the quality of the blood is an important element in the etiology of this disease.

Pregnancy, in its progress bringing into action new functions, and affecting temporarily the whole economy of the system, creates in general a tendency to an altered condition of the vital fluid in the relative proportion of its elements. This alteration consists essentially in a diminution of the solid constituents. Sometimes the corpuscles are diminished, producing chlorosis and its attendant train; sometimes the albumen is eliminated; indeed, this latter change is so constantly true of the pregnant women that it may almost be considered the physiological condition. Now if to this tendency are added the prostrating influences of deficient nutrition, debility, cold and dampness, combined with the depressing passions, this seemingly physiological state passes readily and gradually into the pathological, and there is established the incipient stage of that disease which in its full development is granular nephritis, or Bright's disease. The vigilance of modern researches has detected what escaped the notice of the older pathologists, that in almost every case of true eclampsia, the blood is found deficient in albumen, while the urine is highly charged with it.

"The presence of albumen in the urine of eclamptic women," says Cazeaux, "is a very remarkable coincidence, which is at present well determined by the observations of many physicians; and it evidently seems to be the dominant fact in the etiology of puerperal convulsion." Albuminuria being so constant in cases of eclampsia, the inference is irresistible that there is a relation more or less intimate of cause and effect between the two facts. For since attention has been fixed upon this point, convulsions have occurred in those only who have been affected with albuminuria. The exceptional cases are rare, if any.

It is an old remark that edema of the face and neck is a frequent precursory sign of the attack; and it is now a well established fact that this general edema of the upper extremities is almost always connected with an alteration of the urinary secretion, and is one of the most constant symptoms of albuminuria.

Nor is the hypothesis, that the diminution of albumen in the blood and albuminuria are necessary conditions of eclampsia, at all inconsistent with the fact that seven-eighths of the cases of eclampsia have occurred in primiparous women. Because, in first pregnancies, the

greater resistance of the abdominal parietes causes the uterus to be more strongly applied to the posterior walls of the abdomen, compressing the renal vein, causing congestion of the kidneys, obstructing the venous circulation and forming a mechanical obstacle to the regular fulfillment of the functions of the neighboring organs, and thus bringing about the very organic conditions most favorable to the production of albuminuria. So, also, women affected with rachitis are more liable to convulsions, because of their deformity and the limited space within the pelvis. The necessary compression that attends the development of the uterus disposes to the same result. Hence it would appear from constant concurrence of albuminuria and eclampsia, that the altered state of the blood (which is a necessary consequence of long continued albuminuria) is a direct irritant of the spinal axis, or, if not the sole excitant of the spasm, renders that organ more susceptible to the influence which reach it from other sources.

It is not the design of this paper to enter into all the minor causes which act directly upon the cerebral organ, and we will pass at once to the consideration of the more important remedies indicated in the treatment of the cases mentioned.

First on the list, after the example of all writers, I will speak of blood-letting. Blood-letting is in the great majority of cases most urgently indicated, not only to relieve the blood-vessels of the brain, which would seem to be the chief reason urged by authors above quoted, but also and especially because of its relative action on the spinal system, which is the true seat of puerperal convulsion. I say the majority of cases, because there is almost always great vascular fulness, a plethoric condition of the system, and it is in this condition that blood-letting is the most positive and decided sedative of spinal action that we possess. And this is a point which should be most distinctly understood, that blood-letting acts in two ways, one curative in its effects on the spinal column, the other preservative in relation to the brain.

In fulness of the vascular system, then, blood-letting besides diminishing the impressibility of the cerebral organ by rendering it less susceptible to incident irritation, relieves also the overcharged condition of the cerebral vessels, diminishes partially the enormous pressure to which these vessels are subjected during the fit, diminishes the danger of rupture and effusion, and removes the osseous pressure upon the rachial oblongata. It is because of these prompt and marked effects that the remedy has been so uniformly recommended and

practised in all cases. But while it is often a sufficient remedy for simple convulsions, depending on a torpid state of the circulation, great discrimination and careful judgment are requisite, not only in limiting it within safe bounds, and in detecting indications for other treatment, but also for determining whether in some cases it will not be injurious instead of curative. If blood-letting is indicated for the reasons which have been mentioned, it is perfectly evident that it is contra-indicated, and would prove extremely dangerous, in cases where those reasons do not exist; that is, in delicate anæmic women, copious depletion would be an additional cause of convulsion, because, as has been shown, deficiency of blood is an irritant of spinal action. It is, however, too much the fact that the constant teaching of the books, combined with the absence of positive knowledge of the true seat and etiology of the disease, has led to the blind and indiscriminate routine of bleeding every poor patient perchance to,—I had almost said to death,—or perchance to life, no chance alone deciding the chief guide of practice being the continuation or cessation of the fits.

Says Dr. Meigs: "If I were treating a woman in labor seized with the true puerperal convulsion I should certainly bleed her, provided the convulsion did not cease before I could effect my purpose, and should I in such case open the vein, I should surely allow the stream to flow as long as any convulsive innervations were left unquelled. Provided they should return again, I should bleed her a second time, and allow the blood to flow until the spasmodic and convulsive phenomena should have again disappeared."

Even so judicious a practitioner as Dr. Robert Good declares that "bleeding is our sheet-anchor in whatever class of patients the disease may occur; and that he never had a patient die of the disease where bleeding had been boldly employed."

Blood is the rule, absolute and imperative,—blood,—bleed,—no matter what the condition of the patient. No effort is directed to discover any cause of spinal irritation, which should be removed; the patient has fits; therefore bleed her. No matter if the stomach is loaded with indigestible food, or the bowels with hardened feces. No matter if the bladder is distended to bursting. No matter what the state of the uterus, or what the condition of the vascular system, the rule is still arbitrary,—bleed boldly and fearlessly. Now this is rank and rash empiricism, and in the present state of physiological knowledge, inexcusable. And yet there can be no doubt that many practitioners, influenced by the teachings of the books, have carried depletion to a fatal excess, and even practised it when it ought to have

been altogether avoided. It can not be questioned that if carried beyond proper limits, blood-letting is itself a cause of convulsions. Dr. Marshall Hall says, convulsion from loss of blood constitutes one species of puerperal convulsion, and should be accurately distinguished from other forms of this affection, arising from intestinal or uterine irritation, and an immediate disease of the head. (On Blood-letting, p. 17.)

It would appear, then, that after the circulation is reduced, either by proper depletion or from other causes, is somewhat below par, blood-letting acts no longer as a sedative, but becomes itself a most certain irritant of the spinal system. The continuance of convulsions, therefore, is not a reliable indication for further bleeding; but the state of the circulation in the interval of the fits, is the only proper criterion, regard being had to the different effects of an engorged and an empty state of the spinal vessels.

The dilatation of the glottis, by exciting an inspiration, although apparently trivial, is of no mean importance in its effect. Dr. M. Hall thinks that in all cases of true convulsion the glottis is wholly or partially closed, the effect of which is to increase both the cerebral and spinal congestion. There are several cases recorded where this simple expedient has prevented the convulsions. It is well known that the sudden shock of a dash of cold water in the face, by its reflex action upon the respiratory muscles will cause an involuntary inspiration, thus opening the glottis and relieving congestion. Denman gives the history of a lady, whose every pain was attended by a convulsion; but, by sprinkling the face with cold water at the beginning of each contraction, he prevented the convulsions during the rest of the labor. So simple a remedy can do no harm, and even if it does not prevent a convulsion it takes off a great amount of vascular pressure from the nervous centres, and lessens the amount of venous blood in the system every time it unclashes the glottis.

Among other remedies which are directly sedative to the nervous centres, an important one is the application of cold. When applied in a continued stream to the head, it lessens the distended state of the cerebral circulation, and relieves the counter pressure upon the inter-cranial portion of the spinal system. In the form of the douche it would tend to excite an inspiration and thus dilate the glottis. When applied along the spine it should be continued, because the intermittent application excites instead of allays spinal action.

Of the narcotics, I shall only speak of opium. This drug has been more used than any other medicament, and yet authors exhibit the

greatest discrepancy of opinion as to the effect of it. The point of most importance in this connection is, if it be an irritant or a sedative of the excito-motory division of the nervous system. The herold does that have been given time and again in tetanus and hydrophobia, the purest form of locked spinal action, without in the least degree allaying spasm, would seem to prove that it is not a sedative of that portion of the nervous system. And there is reason to believe that it is generally a direct irritant. In poisoning by opium, especially children, convulsions occur as one of its most common toxicological effects. In amphibious animals it is a powerful spinal stimulant. When they are narcotized the slightest irritation of the surface produces universal convulsions, showing that neurosis excites the excito-motory system to the most intense degree. Although it is evident that these effects are not so marked in man. Dr. Tyler Smith has written so well and clearly on this point, that I shall be excused for using his words. He says: "Some striking distinctions must be made respecting the administration of opium under different circumstances, particularly in puerperal convulsions. If a dose of opium be given in this disease in a full state of the circulation, before bleeding, there is an aggravation of the disorder; while if it be in puerperal convulsions in an anæmic subject, or after excessive depletion, it is of great service. If in a case of convulsions, opium be given at the commencement, it is dangerous in its effects; but the same medicine is frequently valuable in the advanced stage of the same case when the vascular system has been powerfully depleted. Thus it would appear evident that in convulsions with a full state of the circulation, opium is a stimulant of the spinal marrow, while in convulsions with anæmia it is distinctly sedative. It is certainly an important point in practice that the effects of opium in puerperal convulsions depend on the state of the circulation; that in plethora or inflammatory conditions it is always dangerous, while in anæmia and debility it may always be used beneficially."

My paper has already reached such a length that I will pass over other remedial agents, acting upon the central organ, to remove eccentric causes, and briefly allude to the eccentric causes of the disease, and the remedial indications connected with them. These causes are such as to take effect upon the peripheral extremities of the incident excitor nerves, and of course relate to organs at a distance from the nervous centres,—such as the stomach, the rectum, the bladder, the uterus and the vagina. The irritation in these cases being transmitted to the central organ, and causing convulsion by reflex action.

Numerous instances attest the fact that large accumulations in the stomach or intestines, whether of food, or feces, or worms, or foreign bodies, excite the disease in this way. The removal of these offending substances is obviously demanded where they are known to exist. But the manner in which it should be accomplished is important. There can be but little difference between irritant drugs and irritant foods, and yet the most drastic purgatives are unceremoniously exhibited, which too often is only to change one cause of irritation for another. The prolonged effect of powerful cathartics upon the surface of the intestines already irritated to the highest intensity, must be any thing but favorable. It is but fair to presume that copious injections of simple water, would be quite as effectual and vastly safer, inasmuch as they are more rapid in their effect and do not remain to fret the bowels after their mission is accomplished. Their action might be assisted if necessary by the addition of castor oil or turpentine. If indigestible food, or an overloaded stomach excite the fits, an emetic of the sulphate of zinc should be administered. If the subject however is plethoric, venesection should precede the emetic, on account of the increased distension of the cerebral vessels in the effort of vomiting.

Mr. Vireo mentions a case of convulsions which after resisting for two days all the usual remedies, including delivery, ceased immediately upon withdrawing from the bladder five and a half pints of turbid and highly irritable urine. This case shows the necessity of attention to that organ. But it is in the uterus and uterine passages that reflex irritation acts most energetically and with the greatest intensity. The discussion of this particular branch of the subject is sufficient of itself for a lengthy dissertation. The various questions of treatment which arise in different conditions of that viscus and its contents, relating to delivery, and the preferable methods of it, are deeply interesting, but the limits of this paper will not permit us to enter upon them. I will content myself with giving a general principle, in regard to the propriety of assisting delivery, based upon the theory of reflex action. The rule is this: if the condition of the mother is perilous, and the continuance of the child in the uterus or passages is productive of more irritation than would be occasioned by natural or instrumental interference, then artificial delivery should be resorted to. I am aware that this rule is indefinite because the conditions upon which it rests are only approximations. The amount of irritation in either case not being constant quantities, an accurate comparison can not be made. Nor is it possible to lay down a definite rule applicable

in all cases, the peculiarities of each case being such that no one rule can cover them.

Of the prophylactic treatment of this disease, gentlemen, I have made no mention. It can scarcely be doubted that there is some alteration of the general economy, which predisposes the puerperal patient to eclampsia, and without which the various exciting causes which I have named would fail of that result. But the pathology of this stage of the disease is so barren of facts that little that is definite and positive can be said about it. If the constant investigations which are illuminating this department of the subject should confirm the theory respecting albuminuria, it may possibly lead to the discovery of some treatment which in that early stage may be more successful than it has proved in other conditions of albuminuria. It would be a boon indeed to obstetrical science, if a disease so terrible and distressing could be detected in its approaches in time for prophylactic measures to be used with certainty.

If, gentlemen, in the cursory review of this subject, I have succeeded in arousing afresh your interest, and stimulated you to seek from better sources more light upon it, I have done all I aimed to do; and have thereby perhaps contributed my mite to the cause of humanity, by putting you in the way of better preparation to contend with this formidable enemy which commits its ravages only upon the fairest of creation.

C. A. LINDSLEY.

NEW HAVEN, May, 1858.

A SKETCH OF HUMAN EMBRYOLOGY,

Read before the New Haven County Medical Society, April 8, 1858.

BY GEORGE L. FESS, M. D., OF NEW HAVEN.

To instruct, or to interest should be the aim of an Essay presented to this Society. The former is not within the province, nor often the ability, of a Junior in the Profession; the latter is the more appropriate object of his endeavor. With this view, I have selected a topic of but little practical value, and yet one, I conceive, of unusual interest to all. I propose to lay before you, briefly, the Development of the Human Embryo.*

Omnis vivens ex ovo—that every living thing comes from an egg is a maxim of Physiology now universally received. Where do we find the egg to which Man may trace his origin?

Down within the ovary of a human female is an almost imperceptible cyst. It has lain there in quiet, perhaps for years. But the vital force, so long dormant, at last arouses it to action. It begins to enlarge, new forms appear in its interior, it gradually makes its way outward. Reaching, at length, the surface of the ovary, the cyst bursts, and its contents are discharged. A minute vesicle, invisible save to the microscope, is thus set free, and falls into the embrace of the Fallopian tube. Carried down this channel by peristaltic and ciliary action, it enters, and slowly traversing the uterus, is finally, with the secretion of that organ, cast out and lost—as aborted ovum.

Another month rolls by; another cyst matures, is ruptured, and excludes the vesicle it enclosed. More fortunate than its predecessor,

* In submitting this paper to publication, the writer desires to disclaim any pretensions to originality. His early endeavor has been to present to his brethren of the County Society, a simple, concise, and in the same view intelligible account of the more prominent points of Human Embryology, which requires, for their comprehension, a patient study of details in the larger Physiological Works.

this vesicle, ere it commences its journey, encounters certain spermatozoa, which have found their way hither after recent intercourse. From these ciliated cells, which are believed to pass in bodily form into the interior of the ovum, the peculiar element of the male is received, and thus the act of impregnation is mysteriously consummated. The ovum is now complete, the egg has been fertilized. Although unchanged in outward form, there has been implanted within a principle of progressive life. In this minute vesicle may now be found the germ we seek. Henceforth, under favoring circumstances it undergoes a development of surpassing interest and importance; from which, at length, there emerges upon the world, a being of that race which originally was created in the image of its Maker.

Let us now review our steps. That enlarging cyst within the ovary is a *Graafian follicle*, so called, attaining when ruptured an average diameter of the sixth of an inch. It consists of a fibrous membrane, enclosing a clear yellowish fluid. At maturity, this envelope is lined everywhere on its interior by an epithelial layer of cells. About the point nearest the surface of the ovary, where the subsequent rupture occurs, these cells are accumulated into an eminence looking inward, embedded within which is the *Ovum*.



(After Owen.) Section of mature Graafian follicle, within tissue of the ovary, showing the ovum embedded in epithelial layer of cells.

This is a spherical vesicle 1-120 inch in diameter, with a transparent membranous envelope of unusual thickness. The quapey yellowish, partly fluid, partly granular in its interior, contains a nucleus known as the *germinal vesicle*, or *nucleus cell*, which is present in the ova of all animals, and is the portion earliest developed. As the ovum escapes from the Graafian follicle, it carries with it the adherent cells forming

the eminence, which, however, are soon detached, leaving the exterior round and smooth. Upon this there is deposited, during its passage through the Fallopian tube, a gelatinous layer secreted from the inner lining of that canal, and overlying this there is formed from the same source a fibrous membrane, the Chorion. A deposit of carbonate of lime upon the outer layer of the chorion, forms the egg-shells of birds. But in mammals the chorion acquires a shaggy coat of villous projections, through which nutriment is absorbed until the completion of the Placenta.*

Arrived at the uterus, the ovum finds extraordinary preparations made for its reception. The mucous membrane of that organ is greatly thickened, its tubular glands enlarged, its blood vessels increased. To this hypertrophied mucous membrane, the name of *Decidua*, or the *deciduous coat*, is given, because it is shed with the product of each conception, being renewed shortly after. Into this spongy bed the ovum falls, and the luxuriant *Decidua*, apparently receiving a new impulse from its presence, spreads up around and finally completely envelopes it; the portion thus growing over it being known as the *Decidua Reflexa*; while that remaining between the ovum and the muscular wall of the uterus, and elsewhere lining its interior, is styled the *Decidua Vera*. With the increase of the ovum, the *Decidua Reflexa* is carried nearer to the *Decidua Vera* of the opposite uterine surfaces, till, about the close of the third month, the two coats are united. It should be remarked that the mucous membrane of the Cervix takes no part in forming the *Decidua*, although its follicles enlarge and secrete the mucus plug which closes the Cervix during pregnancy.

Having now deposited the egg in its nest for a nine month's incubation, let us give our attention to the changes that are already transpiring in its interior.

That germinal vesicle, the germ cell constituting the nucleus of the ovum has, in some way not yet understood, disappeared. In its stead, we find another, called an *embryo cell*, which soon divides into two cells; these two, by a similar division, become four; these four, eight,

*It should be borne in mind that the yolk of the bird's egg, beside the small portion which alone is formative, is mainly composed of nutriment stored up for the embryonic life of the individual. Indeed, in the earliest stages of the avian development of these ova, the germinal portion is temporarily collected within a spherical membrane, (presenting thus an analogue of the Mammalian ovum,) and upon this the nutritive portion is superadded. It would seem then, that the Graafian follicle of the mammalian, with its contents, is the strict analogue of the whole avian ovum of the bird.

and so on, till, by a repeated subdivision, an indefinite number of such cells have been produced. At the same time a like process of cleavage goes on in the yolk. Each of the newly formed embryo cells now drifts about in a segment of the divided yolk, and around this a membrane forming, we have thus a complete cell of which the embryo cell now enclosed becomes the nucleus. This process goes on till the bulk of the ovum has been resolved into a mass of such cells. These cells, as formed, pass forthwith towards the exterior of the ovum, (a clear yellowish fluid being left within,) and there unite to form a spheroidal membrane, called the *germinal membrane*.*

Observe now the relation of parts. Beginning at the center, the constituents of the ovum are, first, the fluid yolk, directly enclosing which is this germinal membrane; exterior to which, though with a slight interval caused by the shrinking of the consolidated yolk, is the original envelope of the ovum; then comes the albuminous envelope acquired in the Fallopian tube; and outside of all, the shaggy chorion.

The germinal membrane soon divides into concentric layers, three in number. First, the *exterior or serous layer*, in which are developed the bones, the muscles and nerves. Second, the *middle or nuclear layer*, in which the blood vessels are developed. Third, the *innermost or mucous layer*, in which is developed the nutritive apparatus.

Watching the course of embryonic development, we soon learn that a primary step in the formation of any structure seems to be a thickening or clustering together of cells, at the point where the structure is to appear. Accordingly, we find in the germinal membrane, at one portion, a dark, roundish spot, extending through all three layers, which is caused by an accumulation of opaque cells. This thickened portion is denominated *area germinativa*, the *germinal area*, because within it the first appearance of the germ is detected. The center of this dark spot soon clears up, and so this transparent portion is given the name *area pellucida*. Outside of the pellucid area a circular margin of opacity still remaining is called *area vasculosa*, from the

* The segmentation of the yolk may be otherwise, perhaps more simply explained without the intervention of the first mentioned embryo cell. As from parent cells a progeny of young cells, developed in their interior, are brought forth, so the elementary granules, within the germinal vesicle, developed into mature cells, may rupture their envelope and be scattered over the yolk. And, as the segmentation of the yolk thus ensues, each may directly become a nucleus of the compound cells which go to make up the germinal membrane.

fact that here the first blood vessels originate, within the middle of the three layers of the germinal membrane.

It may be perceived that the embryo is developed with its back to the exterior of the ovum, its front aspect presenting internally, and we may perhaps refer to those relations, before that, according to the use of the term in the outer world, the youngster can properly be said to have a backside.



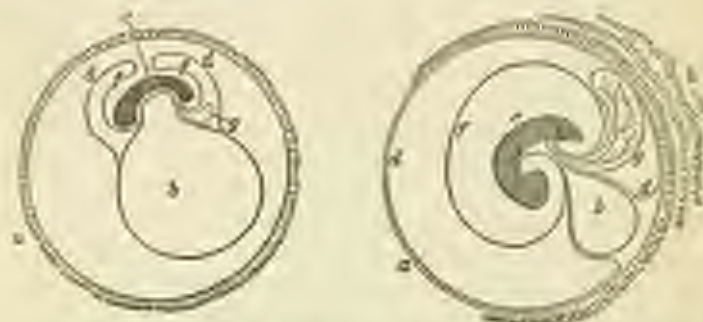
External view of the Germinal Membrane, showing the Area Pellucida surrounded by the outer opaque Area Vascularis. In the center of the former is seen the germ.

The first appearance of the embryo is in the center of the area pellucida, within the external layer of the germinal membrane. It consists of two straight, parallel elevations or thickenings of this layer, called the *dorsal laminae*, between which is a shallow groove, known as the primitive trace. The dorsal laminae, by a continued accumulation of cells, gradually spread, as it were, spread far a little way from the surface of the germinal membrane, and approaching each other, finally unite over the groove, so as to convert it into a tube. Within this tube is laid the brain and spinal cord. By a precisely similar process in the nucleus or innermost layer of the germinal membrane, thickening, spreading out, (in this case towards the center of the ovum,) and arching together, a simple tube is in like manner formed in opposition to the tube just described in the serous layer, from which it is separated by the intervening vascular layer. This is the rudiment of the alimentary canal. The dorsal laminae, (the thickened portion of the serous layer,) now send prolongations inward, in the same manner as, though in an exactly opposite direction to, those before sent outward. These dipping down into the yolk, picking up the pericardial membrane on each side into a double or fold, approach each other and finally unite around the rudimentary intestine in the central line of the front of the body. The vascular or middle layer, from its position beneath the serous, is carried around with it to the

line of junction, and it is through this layer, in the *linea alba*, that the blood vessels pass out temporarily to the yolk, and afterward to the Placenta.

Look now at this rudiment of a fetus,—two closed, nearly straight tubes, lying one above the other, upon the exterior of the yolk sac; the outer, the spinal canal, formed of the serous layer of the germinal membrane; the inner, the alimentary canal, formed of the internal or mucous layer, but with an investiture of the vascular and serous layers embracing it. The yolk, by the junction in the *linea alba* of the two inner processes of the dorsal lamina has been pinched off from the hitherto open abdomen of the germ. To this yolk sac, the walls of which are, of course, the germinal membrane originally investing it, the name of *umbilical vesicle* has been given. It gradually disappears as its contents are absorbed for the nutrition of the germ.

But we have now to record still another formation from the serous layer, caused by the same process of elevation and arching to a junction.



[From Odyseus.] Diagram of Ovum, in different stages of the formation of division; a, chorion; b, yolk pinched by germinal membrane; c, embryo; d, external, e, internal folds of the serous layer forming the Amnion; g, Allantois; h, villi collecting into Placenta.

This layer rises up in a double fold on each side of the germ. Retaining still their membranous character, the folds from each side at length come into apposition over the back of the embryo. By an absorption of the line of contact, the exterior layer of one side joining with the exterior of the opposite, and the interior with its fellow, two separate concentric membranes are thus formed around the germ.

The outer envelope expanding in both directions from its points of attachment beside the germ, its advancing line forming a curve from

the yolk to the chorion, invests the inner aspect of the chorion, and at the same time the outside of the yolk sac. But these prolongations travelling around the yolk, at length meet on the side opposite to the germ. An absorption here again occurs in the line of union, separating the membrane thus into two portions, the one, as before explained, lining the inside of the chorion, the other, the outside of the yolk sac. Into the space thus vacated between the yolk sac and the chorion, the inner membrane in like manner advances to pursue the same development; but its external portion, failing to attach itself to the chorion, becomes a separate investing membrane to the ovum, and is known as the *decidua*; while the inner portion forms an additional envelope to the yolk.

Up to this time the embryo has been nourished by direct absorption; but a more speedy and extensive distribution of nutriment from the yolk to the growing tissues is now required. To supply this need blood vessels are created. Their first appearance is within that margin of opacity bounding the pellucid space, denominated the vascular area; in the middle, the vascular layer of the germinal membrane. The first blood discs are thought to be the nuclei of cells, which unite end to end to form the first vessels.

Blood is first observed as blue points in the vascular area, which are soon united by delicate channels. These minute capillaries empty into a larger circular sinus, bounding the vascular area, which with its tributary capillaries gradually extends over the whole yolk sac. From this sinus the blood is carried into the embryonic system, for the researches of Von Baer prove that the first motion of the blood is towards the heart. The first vessels are therefore veins, whose formation succeeds that of the blood, which itself is formed, as you perceive, in the germinal membrane investing the yolk, and outside of the body proper of the embryo. The blood, in this way sent into the system, passes to the embryonic heart, and is returned by arteries, which thus complete the circuit.

But the supply of nutriment in the human yolk is exceedingly limited, and more permanent provisions are soon required. It is also requisite to separate the blood, circulating through the growing tissues, of the carbon with which it is fast becoming charged. The function of respiration, therefore, is at this early day to be provided for.

To meet these wants an outlet from the intestinal tube is observed sprouting onwards near the caudal extremity of the embryo, between the inner and outer amniotic folds of the serous layer. It is a hollow

vessels known as the Allantois, which, before the amnion has completely invested the yolk and the embryo, continues its growth outwards till it reaches the chorion. Upon its parietes are extensive ramifications of blood vessels, afterwards known as the umbilical arteries and veins. In the ovum of birds, the allantois becomes a highly vascular, permanent membrane, spreading itself along under the chorion, till the whole egg is invested. Acting in the place of fetal lungs, it presents the carbonized blood to the influence of the atmospheric air, which transudes through the porous shell. In mammals, on the other hand, it serves a temporary purpose: of acting as a holder, or rather as elongating balloon, by which the umbilical vessels may climb to the placenta or fetal lungs of this class. Soon after the periton exterior to the body dwindles away to a mere coat, scarce detectable among the other constituents of the umbilical cord. But the portion within the abdomen is retained to serve an important purpose. It becomes the urinary bladder, and the remains of the allantois, as it passed out, are still to be discerned in the urachus, or suspensory ligament of the bladder, which connects that organ with the umbilicus.

By this time, the umbilical vessels, with its circulatory system, has disappeared, and the fetus is now nourished entirely from the Placenta. To form this organ, the villi, by which the chorion is invested, are multiplied and enlarged in that portion to which the umbilical vessels ascend, and by capillaries of the latter, are plentifully supplied with fetal blood. These villi extend into the follicles of the decidua, whose hypertrophied veins form sinuses of considerable size. By the living membrane of these sinuses, the protruding villi are enveloped, in the same way as the intestines are covered by the reflected peritonæum; in which illustration the abdominal cavity would represent the cavity of a sinus. In this cavity then, the fringing surface of the villas, with its interior capillaries, lies bathed in a current of maternal blood. So that the placenta is composed of a fetal and a maternal portion, closely enfolded each other, between which, however, none but an endosmotic communication exists, as is shown by the differing size of the blood discs in the two circulations.

Let us now study the arrangement of vessels by which the fetal circulation is henceforth carried on. To go back a little. The heart, whose formation is subsequent to, and distinct from that of the blood, is developed from a mass of cells, of which those in the interior begin to form a cavity. It is originally a simple, straight tube, extending nearly the whole length of the embryo, its posterior portion

being the auricular, where, from the first, prolongations are observed to meet the veins coming in from the vascular area. From the anterior portion arteries are given off. At this stage the heart presents the type found in the Articulata, to which the insect tribe belong. Soon a constriction near the middle divides the dilating auricle and ventricle, between whose hitherto synchronous pulsations a slight interval is now detected. Gradually, in the ventricular portion, the tube bends completely upon itself, the resulting angle forming the heart's apex. We have now the heart of the fish, a single auricle, a single ventricle and conus arterialis, at whose origin we find a dilatation, the bulbous arterialis of that class. Ere long a septum divides the entire heart into two distinct organs: an opening, the foramen ovale, remaining, however, between the auricles till after the close of fetal life.

Trace up now the single aorta. Passing along the neck in front of the developing tracheæ, it gives off at regular intervals, four or five horizontal branches to each side. These, at the same interval, empty themselves into two systemic aortas, which pass down one on each side of the pharynx and converge to a junction near the last dorsal vertebra. An analogue to the permanent distribution in fishes, and which may be considered as the primary type for the Vertebrata. In fishes a further development of gills upon the horizontal arches takes place.



Diagram of the formation of the arterial trunk. A, ascending aorta; D, descending aorta; B, bulbous arterialis; S, S, systemic; V, V, ventricle; P, pulmonary artery; F, foramen ovale; 1, 2, 3, 4, first to fourth pair of arteries; V, right systemic aorta, obliterated; P, pulmonary artery, temporary; those shaded are permanent.

But in man, the uppermost pair dwindles away: so do the second. The third remains, and continued into the subclavians, supply the upper extremities. The fourth pair, on their way to the systemic

aortas, send branches to the lungs. The upper portion of the bulbous aorta, which gives off the first two pairs of arches, disappears with them down to the origin of the third arch. The systemic aortas, into which they emptied, still remain on both sides of the neck above the third arch, as branches of the latter, and, under the name of the carotids, supply the head. But on the right side, the systemic aorta below the third arch down to its junction with the other aorta becomes obliterated, and the left aorta is henceforth obliged to transmit all the blood sent to the lower extremities. It enlarges and becomes the descending aorta, being connected to the bulbous or ascending portion by the intervention of the third arch, which is now recognised as the arch of the aorta. As the carotids and subclavians arise from the third arch, we shall find them on the right separated from the aorta by the third arch, which anatomists call *arteria innominata*; but on the left we find them springing directly from the aorta, which as before explained, is itself the original third arch of that side.

But the septum between the ventricles of the heart enlarges, extends up into the bulbous aorta, dividing it into two tubes, which lie at first side by side, afterwards bending somewhat around each other. The one continuous with the right ventricle is known as the pulmonary artery,—that with the left becomes the common, the ascending aorta. To the latter the third arches are attached,—from the former the pulmonary aorta, the fourth pair arise. The fourth arch of the right side, beyond the branch sent to the lungs, is obliterated with the old, right systemic aorta, so that its remaining portion is ramified simply upon the embryonic lung. The left fourth arch, on the other hand, till the close of the fetal life, continues to empty into the aorta. The part of it, however, between its pulmonary branch and the aorta, known as the *ductus arteriosus*, falls into disuse at birth, when the lungs assume their function, and is soon after obliterated.

From the hypogastrics, branches of the iliacs, the umbilical arteries, two in number, are sent off to the placenta. By them is conveyed the blood which is to be depurated by endosmotic exposure to the aerated blood of the mother, and which returning brings back nutriment for the developing fetus. Tracking the arterialized blood from the placenta through the single umbilical vein, we find it entering the abdomen, and passing into the portal vein, part is sent through the capillaries of the liver, ere long reaching the heart through the hepatic vein, while the rest by a short cut, the temporary *ductus venosus* into the hepatic vein, is carried direct to the heart. The red blood entering the right auricle from below, passes through its back part, being

directed by the Eustachian valve through the outer auricular opening into the left auricle. Thence through the left ventricle and ascending aorta it is distributed to the brain and the system at large. While the red blood is thus as it were mouthily conveyed through the right auricle, a current of black blood from the superior vena is pouring down in front of it, through the same auricle into the right ventricle; thence into the pulmonary aorta, which through the ductus arteriosus conveys it into the descending systemic aorta. So that below the ductus arteriosus the fluid in the aorta is a mixture of arterial and venous blood, while that sent off antecolonally, supplying the brain and upper extremities, is purely arterial, or nearly so. An economical provision this, to furnish the more highly vitalized blood to the more important or first developed parts. It will be observed that practically during fetal life the ventricles act as one, throwing their blood each into the systemic aorta, although in different portions of it, thus bearing a resemblance to the reptilian type in which we have one ventricle and two auricles.

Veins corresponding to the so called cardinal veins of fishes follow the course of the spine, one on each side, which in extra-uterine life remain, as the jugular veins above, the azygos below, the heart. Of the two superior vena formed at first by them, as in lower animals, the left is obliterated, the blood from the jugular and azygos of that side being conveyed into the right by a transverse arch across the top of the thorax.

So much time has been spent upon the circulatory system that it will be impossible further than to allude to the remaining details of development. The transition from a simple, straight tube to the completed form of the Alimentary Canal is of a nature to be readily appreciated. The Liver, originating in a mass of cells in the wall of the intestine, is gradually evolved into a gland and carried farther from its source, until the elongating and narrow attachment becomes the hepatic duct. The Lungs are similarly formed of two bud-like processes from the upper part of the alimentary canal.

In the development of the Urinary Apparatus we find the two kidneys preceded by temporary organs, the Wolffian bodies, which are permanent in the lower types of animals. These are highly vascular, though simple coecal outpocketings, along a lengthened tube, which empties directly into the allantois. They shrivel away as the kidneys become developed, till at birth they are scarce discerned, being found in the male near the testes. The kidneys, which originate near the Wolffian bodies, are in no way connected with these

farther than that their excretory duct empties into that of the former organ. To the supra renal capsules, which surmount the kidneys, previous to the third month equalling them in size, no special interest attaches, unless it be because we know so little about them. The urinary bladder, formed as before explained, of the *allantois*, empties as first in common with the intestine into a cloaca, a fissure guarded by a sphincter, similar to the anus of oviparous Vertebrata. This, however, is soon partitioned off by septa, as we find it in the perfect fetus. The testis of the male, the ovary of the female, are originally formed in close connection with the kidneys, whence they descend to unequal distances, the testis reaching the scrotum generally about the sixth month. The efferent tube of the testis, at its upper extremity, forms a component part of that organ; while that of the ovary, the Fallopian tube, floats free in the abdomen, being attached to the gland only at intervals. The uterus is formed by the union of the lower extremity of the excretory ducts of the ovaries. In some of the inferior mammalia, where the union is not complete, the uterus is found horned, or even bifid through its entire length. In the male, the analogue of the uterus is found in the atriculus, or *slane poudaria*, in the under side of the prostatic arches, into which empty the vasa deferentia from the testes.

The development of the external generative arrangement is a subject presenting some curious points, which I can merely enumerate. Previous to the third month, the gender of the embryo is a matter of doubt. It can not be determined into the organs of which sex the rudiments already existing will resolve themselves. The germ-bearing gland near the kidney may become either testis or ovary. The nipple at the anterior portion of the anal fissure may be developed into an organ with gland, corpora cavernosa and spongiosum complete, or it may remain a clitoris, with those parts discernible, but still in a rudimentary state. Continued to its extremity, the canal from the bladder may form a lengthened urethra, or it may remain short and membranous. The fleshy prominences on each side of the anal fissure may be the labia; or uniting they may become complected for the testes, forming the scrotum with its well preserved line of junction. Indeed, the ovary has been found in the labium, which, during fetal life, communicates internally with the abdomen, and into which passes the round ligament, the correspondent of the gubernaculum testis of the other sex. But the problem yet remains unsolved,—“what decides the sexual character of these organs?”

The development of the osseous and nervous systems, presents many points of interest, but none of sufficient importance to warrant a further extension of the present paper.

And now, as briefly as possible, let me call attention to two or three lessons derived from a consideration of our subject. We learn that the process of development is from the general to the special, from the common type of the class to the peculiarities marking the individual. In the human embryo, we observe, as its earliest form, the common element of the animal Sub-kingdom to which it belongs, two simple tubes, the nervous cavity above, the digestive below. Upon this type-model of the Vertebrata are engrafted, first the distinctive features of the Mammalia, then those of the species, Man. The distribution of the arterial trunks is an interesting exemplification of special development from a general type. The archetype of the Vertebrata is composed of an ascending aorta, four or more horizontal, branched arches, supplying two descending aortas, which soon coalesce into one. In the fish, its special development departs the least from the general type: gills are formed upon the arches. In the chick, its peculiar development, obliterating here, and there enlarging, brings out at last a descending aorta upon the right side, with the carotids and subclavians of both sides given off by a common branch from the aortic arch, while in man still another variation from the primitive form has been described.

But by no means is the assertion sustained, that the human embryo is carried forward, in its development, through all the lower forms of animal life, till it shall attain the higher and more perfect characteristics of its own species. It is true that in animals and in plants, life ever begins with a simple cell, similar in form though totally diverse in essence; but the moment that development has advanced to that degree that the human germ can be recognized as animal in its nature, then, in a nervous cavity separated from the digestive, it presents the essential feature which distinguishes the Vertebrata from the other divisions of the Animal Kingdom. It is true that in some of the details of development, in the structure of certain organs, the human embryo temporarily displays peculiarities of formation which are permanent in the lower organizations; but viewing it as an individual, we never find that vegetative repetition of similar parts, which characterizes the Radiata, never is it a mere bag of viscera to class it, for the time being, with the Mollusc, never a series of adhering joints to identify it with the Articulata; it is unquestionably, from the time any structure or shape is discernible, a vertebrate animal, it can be noth-

ing *also*. Nor are the distinguishing characteristics of the lower Vertebrata found in the human embryo. It is never a fish, a reptile, or a bird.

Again, we learn that *cases of monstrosity, of malformations, will be caused by an arrest of development in any of the earlier stages of embryonic life.* For instance, hare lip with cleft palate is but an imperfect junction of the forward processes of the dorsal laminae. Abnormal distribution of the great vessels will result from arrested development at any of the steps we have delineated. Cyanosis is caused by a failure to complete the valve which, after birth, closes the inter-auricular opening. Hermaphroditism, apparent though not real, since the gender depends upon the germ producing gland, will arise from an unusually developed clitoris, want of union of the scrotum, retained testes, and the like.

But while the study of embryonic development explains many of the more obscure phenomena of animal life, it teaches an important truth to the reflective mind. Though our investigations be ever so profound, though we scrutinize ever so zealously the beginning of the new life, to find the cause which sets in motion that primordial cell; though with utmost diligence we examine each succeeding step to discern not only *how*, but *why* progress is maintained; our search is unsuccessful, there is something we can not penetrate, an agency all pervading, which yet eludes our grasp. As we discover marks of design, and a unity of plan in all those mysterious unfoldings in that hidden chamber of the animal organism; as we behold Mind, unthinking matter hastening to obey, a law itself could never have framed, we feel that we stand in the presence of a Being who speaks—and it is done. We can not see Him, our physical senses reach not His spiritual essence, yet, "His invisible things, even His Eternal Power and Godhead, are clearly perceived, being understood by the things that He has made."

And, while we study these progressive developments, we may derive an inference, which Revelation teaches us a truth. A farther development, a still higher grade of Life, is in the Future to be attained by every one of us. These frail wasting bodies, these restless, ever changing frames of ours, are to experience yet one change more, before whose wonders all that precedes is not to be thought of. Not the gradual process of months or years of development, no intermission of several causes, but—in a moment, in the twinkling of an eye, the dead shall be raised incorruptible, and we shall be changed. For this corruptible must put on incorruption, and this mortal must put on immortality."

THE SURGICAL DISEASES OF THE RECTUM.

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BY L. S. FADDOCK, M. B., SURVILLER.

GENTLEMEN:—It is my purpose to consider the Surgical Diseases of the Rectum. But in selecting this subject for consideration, I do not flatter myself that I shall be able to present anything new to you, but rather to refresh your minds on a subject, which general professional practice may have caused a partial forgetfulness of, and to satisfy myself on some points which before were not clearly understood. I shall confine myself strictly to the surgical treatment of this class of diseases, purposely omitting the more minute mention of symptoms, &c., for the limits of a single paper will not permit it; and for a similar reason, I can not mention all the varieties of the operations. Also, I shall quote frequently from different authors, whose names are familiar to you, but whose views are not fully discussed in our usual text-books. May I ask your indulgence, therefore, if much of what I offer should prove to be already very familiar to you.

For the more perfect understanding of what follows, an accurate knowledge of the anatomy of the rectum and contiguous parts is quite necessary. The portion of intestine bearing this name, commences opposite the lowest surface of the last lumbar vertebra, connecting with the sigmoid flexure of the colon above, and terminating with the anus below; following in its course the curve, and generally the median line of the posterior portion of the sacrum. It lies exterior to the peritoneum, the upper of its anterior portion being about covered by it.

The rectum possesses longitudinal and circular muscular fibres, and at its termination is closed by sphincters. The external sphincter

lies parallel to, and just beneath the surface of the skin, encircling the anal opening: the internal sphincter lies next above the external, and at the termination of the rectum. The levator ani muscle being tensely perpendicular to the rectum, unites with the sphincters. The mucous membrane which lines this portion of intestine presents a smooth surface only when it is distended. External to the sphincters and just beneath the skin, there is an abundance of cellulo-adipose tissue, through which branches of the internal pudic artery ramify. No part of intestine, in proportion to its size, receives as much blood as the rectum.

Deformities are sometimes noticeable at birth which commenced during foetal life. Abnormal conditions of the rectum are of this class. Thus the anal opening may be closed by a membrane, through which the contents of the rectum are discoverable; or the bowel deviating from its usual course, may open into the bladder, the urethra, or vagina. For the relief of these cases the knife of the surgeon is demanded, either to save the life of the infant, or to remedy a dangerous and disgusting deformity. Where the anus is imperforate and covered by a thin membrane only, the operation for its relief is very simple, a crucial incision through the membrane, clipping off the angles thus formed, and dilation by a tent of lard during the process of healing is all that is required. But where the opening is into the vagina, the operation devised for its cure is much more formidable, and the tenderness of infancy should make us consider well the necessity of operating at that period before attempting it. Dieffenbach operated in this way: Making an incision in the natural position of the anus sufficiently deep to reach the rectum, and carefully dissecting the cellular tissues surrounding it, he separated the inferior semi-circumference of the intestine from the vagina, and dividing the flap to a small extent, drew it down fixing it to the posterior part of the wound of the perineum. When union had been effected in this position, he performed an operation nearly similar on the remaining portion. Amussat performed the operation by disengaging the entire rectum at its vaginal opening, freeing it from its loose mucral adhesions, and drawing it down, fastened it by sutures to the edges of the wound, made as in the operation by Dieffenbach. Both operations were successful. If the rectum terminates in the bladder or urethra, but little can be done for its relief.

Protrusion, or prolapsus of the rectum, though common in infancy and childhood, and generally of but little importance, becomes a serious disease with adults. The affection is met with in two forms

which are characterized by the protrusion of the mucous membrane alone, or the rectum itself. Many are disposed to doubt the occurrence of protrusion of the rectum; that such however could occur might be inferred from intussusceptions met with elsewhere. But we have the authority of Brodie and Malgaigne on this point. Says the latter distinguished surgeon, "I lately demonstrated, by dissection, a complete prolapsus of the rectum, complicated with complete prolapsus of the uterus and vagina; the peritonæum had followed each, and the two tumours were only separated by the peritonæum, which was lined by peritonæum at the distance of half an inch from the skin." (Vid. Malgaigne's *Operative Surg.*, ch. viii., div. 6.)

In the ordinary prolapsus of childhood, the treatment is abundantly simple. The evacuation of acridities, or any irritating substances from the bowels, followed by an astringent injection, may be all that will be required. Brodie recommends as a *suitable* treatment for a child, a daily injection of ℥ij—iij of a solution of liq. ferri muriat. of the strength of a drachm to a pint of water, care being taken at the same time to regulate the diet and the evacuations. Prolapsus and is sometimes caused by a weakened state of the sphincter ani; in such cases the raw vesica or strychnine proves of essential service. The case of a child is reported in the *Dublin Hosp. Gazette*, (Feb. 15th, 1854, p. 20,) that suffered from prolapsus of four years continuance, and where the protrusion was at times four inches in extent, which was cured in about a fortnight by the application of small quantities, (one-sixth to one-third grain,) of strychnine to a blistered surface in the neighborhood of the sphincter. Obstinate constipation was regarded as the cause in this case.

Prolapsus is generally easily replaced, but it may occasionally become strangulated by the sphincter, demanding the division of the sphincter if other means of relaxing it fail.

When prolapsus of adults has become a chronic trouble, of frequent recurrence, and attended with much pain, the use of nitric acid has been of special service. Whether this acts by exciting adhesions, thus giving more firmness to the relaxed tissue, or in virtue of its caustic power and the resulting cicatrices, we are not prepared to state. However it may be, in many bad cases it has been very effectual. To illustrate the method of its application, we shall refer to a case successfully treated by Dr. McDowell, of Dublin. In this there was a permanent protrusion of about four inches in extent. "Four white tracks were made with the acid in the vertical direction from the sphincter down to the lowest portion of the protrusion; the

bowel was then replaced; no protrusion occurred for two days afterwards. The acid was applied twice subsequently at intervals of seven days, and on the last occasion with the most complete success. The treatment occupied a period of about three weeks; the patient was permanently cured." (*Dublin Hosp. Gazette*, May 15th, 1854, p. 122. *British Med. Assoc. Jn.* xxx., 1855, p. 155.)

Another case reported in the *Am. Journ. of Med. Scs.*, July, 1855, pp. 233-6, is one of great interest, and I shall take the liberty, gentlemen, of repeating it quite fully. A man aged 24, of muscular aspect, and delicate from childhood, presents himself with a large prolapsus. He dates his disease from an attack of dysentery when twelve years old. "He can not remain for any time in the erect posture without the escape of the protrusion at the anus. He has constant and urgent desire to go to stool, and passes large quantities of fetid discharge tinged with blood. The escape of the feculent matter is most irregular, both as to amount and consistence, and is always accompanied with a sensation as if the whole contents of the abdomen were coagling, and with protrusion at the anus of considerable tumor, which he is obliged to replace or subject himself to extreme agony. * * * In the absence of any protrusion, the anus is painless, and its circumference covered with a mucous-sanguinous discharge, presents numerous allocated chinks in the direction of its rugae." The sphincter is so relaxed that the fingers passed easily pass with ease. The treatment was as follows: Keeping the patient in a horizontal position, our reporter, (Dr. Christopher Fleming, of Dublin,) says, "I formed equidistant radial tracks with concentrated nitric acid, commencing them near the internal opening at the apex of the protrusion, and passing them as near as I could calculate to the upper margin of the inner sphincter. The breadth of these tracks was about a quarter of an inch, and the length two inches or so; they were well secured with oil and the bowel carefully returned." From day to day improvement was noticeable. The fifteenth day after the first application the prolapsus occurred but once in twenty-four hours; defecation was natural, and any exertion could be made without protrusion. One more application of the acid was made and the cure was complete.

A case of a large polypus, of long continuance, which fell under my observation, was found to possess many little points of ulceration. This was successfully treated by the recumbent posture, the application of a strong solution of nitrate of silver, and an anal compress. In these cases the cure was probably affected by the closer union of

the mucous and muscular walls of the intestine, produced by a healthy action of the acid, and by the contractions attendant upon the cicatrization of the ulcers.

We have thus considered the means which the physician may employ for many cases of prolapsus of the rectum. But there are cases where surgery comes to our aid, and many different operations have been devised. The operation of Hey, (of Leeds, in 1688,) consisted in the removal of a concentric portion of integument around the anus. Dupuytren removed the radiated folds. Dieffenbach has several operations. He diminished the anal opening by excision of the folds around it; also by excision of wedge-shaped pieces from the anus. Again, by extirpating the spongy prolapsus, or by using the actual cautery. (Vid. British and Foreign Medical Clinurg. Rev., Oct., 1859.) Velpeau adopts the operation of Dupuytren, and concludes his remarks upon this subject in those words. "Finally, the excision of the radiated folds of the anus, seems calculated to answer for cases of prolapsus which are owing to a state of relaxation of the mucous membrane, integuments, sphincters, and external tissues; for all these cases, in a word, which are not caused by an organic lesion, or disorganization of some of the parts contained in the pelvis or hypogastrium; so that the amputation of the cancer should be reserved for those cases of prolapsus which are absolutely irreducible." (Velpeau's Operativ. Surg., vol. iii, p. 3107.) The operation of Dupuytren, the one generally adopted at the present time, is thus modified by some surgeons: they seize small portions of the mucous membrane with the forceps, and then enclose each in a ligature; the intestine with the ligatures attached is returned, and in a short time the enclosed portion sloughs, and when cicatrization is completed, the patient is cured.

Another of the diseases which are found affecting the rectum, is polypus. This may occur at any period of life and in any portion of the rectum, although generally next the anus. Polypi vary in shape and size; some resemble a worm, or a strawberry with a foot-stalk two or three inches long, and they may be as large as a hen's egg. However, they are generally soft, varicose, spongy, or fungous; probably they are often mistaken for hemorrhoids. The inconvenience from their size and their propensity to hemorrhage, are sufficient to lead to their detection when an examination is made. The proper treatment is the ligature; but to avoid hemorrhage it should not be sufficiently tight to divide the soft neck of the tumor; stringe-

tion is what is desired. Caustics have also been used with success. Excision is dangerous on account of hemorrhage.

We proceed next to the consideration of foreign bodies in the rectum. This affords more of curious interest than of real practical value, and statements that would seem incredible unless the authority was indisputable. Velpeau reports a case where "a patient had thrust into his rectum a pot for preserves with its open extremity first. Another, where a lithotripter was used to break a coffee cup which a young student had introduced into his rectum. Again, the entire hand was introduced into the intestine to extract an enormous wooden fork, five inches long. Once more, Plou says, seriously, that a male, introduced alive into the rectum of a peasant, had become so strongly attached to it that it could not be extracted except by driving upon its tail, after having killed it." (Velpeau's *Operat. Surg.*, vol. iii., p. 1057-8.) Malgaigne reports a case where "Mardetli's hand is extract a pig's tail from the anus of a prostitute; the tail had been pushed in bare foremost, so that the bristles, which had been cut short, projected against and stuck fast in the intestine, when attempts were made to withdraw it; he passed over it a cannula through which he withdrew the tail without difficulty." (Malgaigne's *Operative Surg.*, ch. viii.)

Cancer of the rectum is a disease of more formidable nature than any to which it is liable; it invariably leads to a fatal termination; fortunately the disease is not common. The symptoms which would lead us to suspect it may be given in few words. If an hereditary disease, and the embæxia, generally its accompaniment, is noticeable, we are suspicious of its presence if there is stricture in the rectum, accompanied by pain in the back and thighs, and irritation of the bladder. As the disease progresses, there is a fetid discharge from the anus, and at the same time obstinate constipation; often the abdomen becomes enormously distended. A digital examination will detect a hardened and contracted state of the intestine, while the speculum will reveal its exact appearance. The treatment can only be palliative; yet some French surgeons have removed the diseased portion of the rectum; an operation attended with too little success to be recommended. A very interesting case of cancer of the rectum is reported in the *American Journal of Medical Sciences*, August, 1828, p. 339-5. The disease occurred in a lady aged twenty-five, the mother of two children. I will give the *autopsy* as showing very satisfactorily the nature of the disease. Woman of low stature and delicate frame; circumference from the crest of one breast to the

opposite, three feet and seven inches; circumference of the colon thirteen and a half inches; duodenum and ileum the same; intestines much inflamed with peritoneal adhesions; before death a very offensive exhalation from the body; the rectum resembled gristle in texture and appearance, in some places like bone; so contracted that the little finger could not be passed through it; mucous membrane in the form of a pouch protruded and closed the opening; total obstruction without urine discharge, two months and fourteen days.

From cancer of the rectum we turn to the consideration of hemorrhoids, a very common, often very painful, and sometimes a very dangerous affection. Great difference of opinion has obtained among surgeons, as to the nature of hemorrhoids. Abernethy attributes them to a clot of blood transformed into a vessel. Malgaigne says: "But in general the tumor arises from a collection of blood, often dark and clotted, in a sort of cyst, due either to a new formation or to a varicose dilatation. Lisfranc, on the other hand, considers 'piles composed of a sort of fibrous tissue, in which there are but few vessels when not congested.' In examining about one thousand bodies, he never met an erectile tumor in the rectum. He therefore concludes, first, 'That though without doubt veins more or less voluminous may be found in hemorrhoidal tumors, still these last are not formed of varicose veins.' Secondly, 'that their composition differs from that of erectile tumors.' Duval considers them as varicose enlargement of the hemorrhoidal veins, which by their irritation cause morbid changes in the mucous and cellular tissue adjoining. Blandy Cooper coincides with Duval as to their nature, but considers their cause to be some obstruction of the portal system. Dr. Alex. H. Stevens, of New York, in one of his lectures, asks, with reference to hemorrhoids, 'what are they,' and responds to his own question, 'I'll be hanged if I know.' (Vol. N. Y. Lancet, Feb. 18th, 1842, p. 118.) The medical treatment suitable for hemorrhoids consists in keeping the bowels in a soluble condition, and the application to the painful tumors (for we believe them to be only painful when inflamed,) of an astringent and resolyne ointment, or a cold injection of the same nature. But we are chiefly concerned at present with the surgical treatment of this class of diseases, and must therefore pass to the consideration of that point. All operations with the knife upon hemorrhoids are attended with danger on account of loss of blood. Hence we are tempted to say, that he operates best, who operates least; or in the words of Lisfranc, "I am convinced that a surgeon who cures without having recourse to the knife is far more useful than the most brilliant opera-

tor." (Emmeline, part ix., 1844, p. 157.) Various methods of treatment have been devised for the permanent cure of hemorrhoids. One which has been attended with some success is the application of nitric acid to the tumors. This seems more especially adapted to those of a florid appearance and with a tendency to bleed. The acid should be applied upon the entire tumor, and till its florid hue is changed to an ashy color. This is the plan recommended by Dr. Houston, of Dublin, and is sanctioned by Mr. Curling in his excellent work on Diseases of the Rectum. We find also that Dr. Lee, assistant surgeon at King's College Hospital, reports cases treated successfully in this manner. The second method of treatment, and a favorite with some surgeons, is the application of the actual cautery; this produces less pain than is generally feared; the operation commends itself in many cases. The ligature is another of the bloodless operations for hemorrhoids; this produces much pain; some of the pain may be avoided by applying several ligatures, and taking up only a small portion at a time, remembering that the pain arises from compression and tension of the nerves, produced by encircling and drawing to its centre the hemorrhoidal tumor; also since the skin is the most sensitive portion, it may be carefully divided and the ligature placed in the division. We shall next consider the operations in which the knife is used. Sir Benjamin Brodie's plan of treatment consisted in penetrating the tumor with a small, narrow knife, passing in a probe armed with the fused nitrate of silver, and leaving a small portion of caustic behind. (Vid. Dublin Quart. Journ. Med. Sci., Nov., 1831, p. 452.) Another used an ingeniously contrived portocautetic forceps, by which the hemorrhoidal tumor was seized and cauterized externally, while at the same time it was laid open, the blood evacuated, and then cauterized internally by the solid caustic. When excision of hemorrhoidal tumors is practiced, the bowel should be protruded as far as it can be, and the bleeding vessels secured before it is returned. If but a portion of the tumor is removed, the operation will be none the less effectual, while there will be less danger from hemorrhage and from consecutive stricture of the anus.

It seems hardly necessary to remind you, gentlemen, that after any operation upon the rectum, the most strict antiphlogistic regimen must be insisted on, and the patient watched for several hours. If the pulse becomes rapid and feeble, and there is a tendency to gaping or sighing, and perspiration appears without any apparent cause, we may be sure of internal hemorrhage. An effort on the part of the patient will probably confirm our suspicions, by the evacuation of a quantity

of blood. With this exertion the bleeding surface will probably be exposed, when it may be treated by a compress of lint, the ligature, or the actual cautery. In very obstinate cases, it may be necessary to apply the tampon. It is used in this manner: an oblong roll of lint, having two tapes or cords passed over one end and fastened at the other, (for the convenience of its removal,) after being well greased, is passed by a pair of forceps beyond the bleeding surface, the hands having been previously examined; the portion of intestine exterior to this must then be filled by a number of pledgets of lint; at the same time the tapes are tied firmly to a lined roll of lint, which is secured by a T bandage. This is retained with difficulty, and requires all the effort and resolution which the patient can command.

Stricture of the rectum is a very common result of surgical operations performed upon it, unless the precaution is taken of using bougies or pieces of lint during the process of healing and for some time after the cure. It requires the same precautions as a stricture of the urethra. Mechanical pressure may be another cause of this affection; thus, a displaced uterus, or an enlarged prostate, an accumulation of urine, or a pelvic tumor of any kind, making pressure upon the rectum, may cause a temporary or permanent stricture. Again, we may meet with stricture as a purely spasmodic affection; also a result of malignant disease. We are suspicious of stricture if there is troublesome constipation, and at the same time the feces when passed are habitually altered in form. A digital and instrumental examination will confirm our suspicions. The locality and amount of stricture is subject to variation; it may be nearly or quite beyond reach, and the rectum so much contracted as hardly to admit the smallest rectal bougie. The treatment demanded is similar to that for like affections of the urethra, unless it is spasmodic, demanding constitutional remedies, or results from mechanical obstruction, which is capable of removal. Dilatation by bougies has been effected differently by different surgeons; the gum elastic or linen bag is the most common means; this is passed by a probe beyond the stricture, and then dilated by lint pressed into it. A bladder used in the same manner and afterwards filled with water, has been recommended. Prof. Munro, of Philadelphia, suggests that the bladder be inflated, thus making an air bougie. (Vid. *Lancet*, Aug. 3, 1845, p. 139. *Beaumont's Retros.*, part xii., p. 202.) Lastly, incision has been resorted to when bougies fail in producing the required dilatation.

Two forms of disease, affecting the lowest portion of the rectum, remain for our consideration: fissure of the anus, and fistula in ano.

Of the former, but few words will be needed to make it plain. It is a disease not uncommon in venereal women, and manifests itself with these symptoms: A patient will complain of the most intolerable agony, felt at the anus, during and continuing some time after an evacuation of the bowels. The cause of this excessive pain is a superficial ulcer, or kind of longitudinal crevice, just within the sphincter, which is distended or lacerated at every evacuation of the rectum. Now this fissure, although the cause of such suffering, is often so small, and in the contracted state of the sphincter so closed, as to defy detection. But a careful digital examination will detect its locality by the exquisite tenderness of the affected part. The treatment for this is simple, and affords immediate relief. It consists of the division of the sphincter on one or both sides, cutting through the fissure if practicable; the incision is then to be filled with lint that it may close by granulations. But there are patients that will not submit to any surgical operation, and yet relief is demanded. A palliative measure recommended by Malgaigne consists in pinching between the fingers, at the time of going to stool, a fold of the anus comprising the fissure. Stimulating ointments, as the mercurial and white possetine, have been used; and the application of the nitrate of silver recommended. Yet there is no treatment so satisfactory in its results as the division of the sphincter.

The last subject which I propose to consider is fistula in ano, an affection not uncommon in convalescent persons. Surgeons have generally considered the disease as existing in three different forms, and accordingly, for convenience of description, have given the names external, internal, and complete fistula. These names indicate the opening of the fistula, whether externally alone, internally alone, or both externally and internally, the two openings mutually communicating. But we have been led to conclude that a fistula without an internal opening is very rare; indeed, that its origin in all cases is either in the mucous membrane or the muscular portion of the rectum. We know that an abscess may occur in the neighborhood of the rectum, but there is not more difficulty in healing this than of an abscess elsewhere located; neither do we see why the cellular-adipose tissue just exterior to the rectum should be more liable to abscess than that of the axilla. There is no reason why an abscess occurring in this region, if it has no communication with the intestine, should have a fetid discharge, which the abscess of fistula usually has. But may not fistula originate in this manner? You are aware that portions of intestine often present such pathological conditions as these: patches

of ulcers, either confined to the mucous membrane, being limited by the investing peritonæum, a serous membrane; or extending still farther, involving this serous membrane, and its progress then checked by adhesions between contiguous portions of the same; but lastly, failing in such adhesions, perforation of the intestine results. It is hardly necessary to remind you that pithitis and typhoid fever afford such examples. Now in scrofulous subjects, and in these fistula most frequently occur, disease of the mucous membrane is very common, and it may occur in any portion of it. Bearing in mind then, gentlemen, that the rectum is not wholly invested by peritonæa, we believe that ulceration and perforation may occur in the portion destitute of it. This opinion as to the origin of fistula, is that which Sir B. Brodie and others have advocated. But fistula may originate from a very apparent cause. Impacted feces, or foreign bodies impacted in them, (as a fish bone or some indigestible substance,) may abrade the mucous membrane when closely pressed by the sphincter, and become the starting point for an ulcer which may become fistulous. An ulcer in this region may also occur idiopathically. But it matters not from what source this internal abrasion arises; when made, its tendency is to become deeper by the pressure against it of irritating substances, and to extend both above and below in the direction where the least resistance is offered, till it opens externally near the anus. It is interesting to see what difference of opinion has prevailed as to the place of the internal opening of fistula. Many suppose that it is at the extreme upper end of the fistulous track. This is quite a mistake. Velpeau, who made a number of examinations, in investigating this subject, says: "Out of thirty-five fistulas, which I was enabled to examine for this purpose, in 1833, either upon the dead body or during life, I found four in which the ulcer in the rectum was as high up as an inch and a half, or two or two and a half inches, and consequently a little above the external sphincter. A fifth example among these fistulas, even reached as high as over three inches, for it could scarcely be reached by means of the finger, but this was after it had made a long track between the mucous membrane and the other tunics of the rectum. The others opened at the entrance of the anus, or at a few lines within it, in conformity to the opinion of M. Ricco. Three of them even had their orifice outside the villous membrane of the anus, and two only were found a little nearer to the valve of the sphincter than they were to the integuments. I could at the present day enumerate as many as a hundred cases of this description, and in which the same distances were always observed. Thus

experience. * * * authorizes us in asserting that certain fistulas may open upon the skin itself at the extremity of the anus; that most of them have their orifices between the sphincters, and that it is also not very uncommon to meet with them at a short distance above." (Velpau's Operat. Surg., vol. iii., p. 1118.) Prof. Syne says of the internal opening of fistula, "I used to think it was to be found in the upper part of the sinus, but it is never found there if the sinus runs high up. You must search for it immediately above the sphincter muscle." (Lancet, Jan. 26th, 1844, p. 533.) M. Riles has studied this with great care. He examined seventy-five bodies, and found the internal orifice to be "most commonly a little above the place where the union is effected between the membrane lining the rectum and the external skin, sometimes also a little higher up; but the opening is never situated above five or six lines high. The opening itself appeared as if ragged or torn; in the greater number it was soft, but hard and callous in a few." (Dublin Hosp. Gazette, April 1, 1854, p. 68.) The diagnosis of fistula is easy. In the forming stage there is a feeling of fullness and weight about the anus, attended with hardness and tenderness. The pain is increased by an evacuation of the bowels, and at length a little abscess, the cause of the pain, bursts, and the fistula is fully formed. From this time there remains a little ulcer near the anus.

The treatment for fistula is also consists of injections, compression, caustic, or ligature, each designed to create a new action through the fistulous track, causing it to heal by granulation. But that to be preferred to all, is the division of the intestine, and all intervening from one fistulous opening to the other, keeping the wound separated by a fold of lint until it heals by granulation; the incision should follow a director passed from the external to the internal opening. This operation is not difficult, and results in a perfectly satisfactory cure. We should add, before leaving the subject, that it is not necessary to divide the fistula above the inner opening, (should it extend up the side of the rectum); if it is made free below, the upper portion readily heals.

We have thus very imperfectly considered the Surgical Diseases of the Rectum; and although your patience is already exhausted, I must crave indulgence one moment longer. There are times when the propriety of any operation may be very questionable. A patient, wasting with phthisis, should not be compelled to undergo an operation for fistula in ano; neither should one predisposed to apoplexy, have bleeding hemorrhoids suddenly checked, unless the system has

been properly prepared for it, and after-treatment is carefully attended to. In short, any one suffering under an incurable disease would not be a proper subject for the surgeon's skill, unless the misery was increased or his life endangered through want of the operation. Neither should an operation be performed, if thereby a no less troublesome infection might result; thus fistula should not be opened into the vagina, for an unhealed perineum would probably remain, a worse evil than the former. I would not dilate or divide, under ordinary circumstances, a stricture dependent upon malignant disease of the rectum. Our duty is in all hopeless cases to palliate and make the last days as comfortable as possible. These suggestions, gentlemen, complete what we have to say upon this class of diseases.

A BIOGRAPHICAL SKETCH

OF

WM. C. WILLIAMS, M. D., OF MANCHESTER,

HE WIFE, ROSE, B. D., OF MANCHESTER,

Read before the Hartford County Medical Society, April, 1858.

WM. C. WILLIAMS, M. D., was born in Lebanon, Conn., A. D. 1800. He pursued his medical studies with Dr. Hubbard, a prominent practitioner of that time, in Portland, Conn. He attended lectures at New Haven in 1826. When he received a license to practice, he soon located in Roxbury, Ct., where he commenced practice and did a large business, having the confidence and respect of the community, who appreciated his good sense and his quiet and unobtrusive manners. He became a member of the Congregational Church in Roxbury in 1828. After a successful practice in this place of nine years, he removed to Manchester, Ct., in 1829, and was soon in full business. In the year 1842 he received the honorary degree of Doctor of Medicine from the Connecticut Medical Society. Dr. Williams was naturally of a robust habit of body, and of vigorous constitution and had good health, with the exception of attacks of neuralgia occasionally for the last few years of his life, but not of that severity that prevented his attending to his professional business. In January of 1857, in consequence of exposure in visiting a patient, he froze one of his feet and became very much chilled, and never after that felt restored to his usual former health. In the spring of 1857 he experienced some heavy pecuniary losses, which so affected his mind that he became very much depressed and dejected in spirit, so much so that all the influence of his friends to comfort him had no effect. During the summer he had sleepless nights, but unwilling to take any anodyne or other medicine for his relief, he became very much excited, felt that his family were coming to want, and on the

morning of the sixth of October, in a fit of temporary insanity, he put an end to his own life, aged 57 years.

Dr. Williams was a man quiet and unobtrusive in his manners, was honest and upright in his dealings, and characterized by his strict integrity. In the community in which he lived, he was respected as a kind physician and quiet man, enjoying the respect of his neighbors and acquaintances. Sincere in his feelings, kind and amiable in his manners, he stood well in the estimation of his medical brethren and enjoyed their confidence. He was very particular to observe, in all cases, medical etiquette with his brethren. He had no sympathy with quacks or quackery, or with those who followed them. He would have nothing to do with the various fads in medicine of the present day, considering that a proper medical education is indispensably necessary to the proper practice of the profession.

He was a kind father and affectionate husband, affording his children the advantages of a good education, and was loved and respected by them. They deeply feel his loss and deplore his untimely end.

A BIOGRAPHICAL SKETCH

OF THE LATE

JOHN S. PETERS, M. D., LL. D.,

BY J. B. LEWIS, M. D., OF VERMONT.

JOHN S. PETERS was born at Hebron, Connecticut, on the 21st day of September, A. D. 1772. His father, Rev. John Peters, was a native of Hebron, as was also his mother, whose maiden name was Anna Shipman. They had seven children, of whom the subject of this sketch was the fifth.

These paternal ancestors were English, and their traditional history, as handed down from father to son, is as follows: Lord Peters, of ———, England, had three sons, Thomas, Hugh and William, all of whom were liberally educated men, and all dissenters from the established religion. They formed a part of that little band who, to escape persecution, fled to Holland, and from thence, in 1620, came to Plymouth, Massachusetts. Thomas, the eldest brother, was a clergyman and settled at Saybrook, where he died, leaving no children. He was one of the founders of Yale College, first located at Saybrook, and removed to New Haven in 1700; and his library, which he bequeathed to the College, formed the nucleus of the present extensive one belonging to that Institution.

Hugh, the second brother, was also a clergyman and settled at Soles, Massachusetts, where he resided until the rebellion against Charles 1st had made some progress, when, in the plenitude of his zeal, he returned to England and took an active part in the support of Cromwell. On the restoration of Charles 2d, he died on the scaffold, a traitor or martyr, according to the opinion or fashion of the day. He had one child, a daughter, who married a highly respectable citizen of Boston, whose name is not known.

William was a merchant, and settled at Mendon, Massachusetts. He left a large family, and from him, it is believed, all of the name

now living in New England descended. John Peters, one of the descendants of William, removed from Mendon to Helicon in 1718, and was one of the first settlers of the town. He left a large family, among whom was Rev. Samuel Peters, D. D., and Betislie Peters, the father of John S. Peters.

In the year 1774, Betislie Peters removed with his family to Mooretown, Vermont, to act as the land agent of his brother Samuel and Governor Moore, of New York, who had jointly purchased the township; but in consequence of their failure to procure a title to the land they had purchased, and entertaining fears of a numerous descent of Canadian Indians—a war between Great Britain and her colonies being in embryo—he returned with his family to Helicon the year following.

On the breaking out of the Revolutionary War, Betislie Peters, with most of the other descendants of John Peters then living in Helicon, took the side of the king and were determined royalists. He continued to reside in Helicon with his family until 1777, when he went to New York city, then in the possession of the royal forces, and soon after sailed for England and joined his brother Samuel in London. For his loyalty he obtained a captain's commission, and resided in England on half pay until 1784, when he drew a large tract of land near Little York, in Upper Canada, to which place he removed and died in the year 1799.

The family of Betislie Peters were left by him in moderate pecuniary circumstances, and wholly dependent upon the mother, who discharged her duty to them faithfully. John S. continued to reside at home until the age of seven years, when he was placed by his mother in the family of a neighboring farmer to do boy's work, where he remained until fourteen years of age. For the next four years he worked for farmers for wages during the summer, and attended the district school in winter. At the age of eighteen he procured employment as a teacher, and continued to teach the district school for the four succeeding winters. At the age of twenty, having made choice of the medical profession, he commenced his study with Doctor Benjamin Peters, of Marlborough, Ulster County, New York, with whom he remained six months. The succeeding summers were spent by him in the study of his profession, with Doctor Abner Mosley, of Glassbury. In November, 1796, he went to Philadelphia to complete his professional studies, and there attended the anatomical lectures of Doctors Shipen and Wistar, the chemical lectures of Doctor Woodhouse, and the Medical Institute of Doctor Rush. He returned

to Hebron in March, 1797, and in the month of May following made a trip up the Connecticut river to some Canada line, examining the localities on the route, with a view of finding a place to settle; but being unable to find one to suit him, he returned home, and, in his own words, "sat down discouraged, having spent twenty-four years of his life, and all his money." In a short time his neighbors began to call on him for medical advice, and he soon had as much professional business as he could attend to. In the spring following, he removed to the village of Hebron and established himself as a physician, which place became his permanent residence.

At an early day he connected himself with the Tolland County Medical Society, and in 1804 was elected a Fellow in the State Society. He was annually re-elected to this office during the succeeding ten years, and took an active part in both State and County organizations. Again, in 1815 we find him in the list of Fellows, to which office he was annually elected until 1822. In 1824 he was again and for the last time placed by his professional brethren of Tolland County among her delegates. In the State Society his superior talents were duly appreciated, and he was honored with several of its most important offices. During ten consecutive years, 1817 to 1827, he continued its Treasurer, and at the expiration of that time was elected to the office of Vice President. Serving in this latter capacity until 1829, the Society then conferred upon him the highest honor in their power—elected him their President. He served as President of the Connecticut Medical Society until 1832, when he withdrew from an active participation in its affairs, but ever remained deeply interested in its prosperity.

Doctor Peters was considered a very skillful physician, and had an extensive practice in his own and the adjoining towns. He was a man of studious habits, and his active mind was well stored and enriched with the best and most valuable medical literature of his day. In addition to this, he possessed a mass of invaluable practical knowledge, obtained in his arduous, every day practice. His readiness to attend to the call of the sick and the suffering was every where proverbial. The poor never applied to him in vain. Of them he used to say, "God is their pay-master."

He had, during his professional career, quite a number of medical students. The venerable Doctor Josiah Williams, of New Milford; Doctor Samuel Simons, who died at Bridgeport a few years since; and Rev. Ezekiel Skinner, M. D., at one time Governor of the colony in Liberia, were among the earliest.

True to the spirit of his ancestors, Doctor Peters was deeply interested in the political questions of his day, and when quite a young man took strong partisan grounds. As a candidate for office he was very popular in his own town, and seldom loses. He labored hard in his profession, and yet found time to attend faithfully to the various town offices which he held. For some twenty years he was Town Clerk, besides occasionally holding the office of Selectman or Assessor. He was also Judge of Probate for the old District of Helton for many years. He represented his town several times in the lower house of the General Assembly, and was several years State Senator. In April, 1827, he was elected Lieut. Governor, which office he held until 1831, when he was elected Governor, and re-elected in 1832. After his retirement from the office of Governor, he was never a candidate for any office except that of Presidential Election. He was frequently solicited to allow his name to be used as a candidate for Representative and Senator in the General Assembly, but always declined. He was one of the Commissioners to superintend the erection of the State Prison at Wethersfield, and was also for several years one of the Directors of that Institution, and in both capacities rendered the State eminent service. In 1824 he was elected by one branch of the General Assembly, a Senator in Congress; the other branch elected the Hon. Calvin Willey, and both adhered to their vote. At the following session Mr. Willey was chosen.

On his election to the office of Governor, he retired as much as possible from the practice of his profession, or in his own language, "as soon as he could leave his old friends in the care of others." When called upon, however, he continued through life to give medical advice to his personal friends.

After his retirement from office in 1833, he spent much of his time superintending his private affairs, and in the enjoyment of the competency he had acquired. He took much pleasure in visiting different portions of our country, and made several trips into the Western States and Canada. In the spring of 1834, he in company with the late Abner Bond, visited Washington, and while there they were introduced to President Jackson by their friend, Hon. Henry L. Ellsworth, who was then on very intimate terms with the President. The following is Doctor Peters' account of this interview: "General Jackson is, in his calm hours, one of the most polite men I ever knew; when angry he is a tiger. We were privileged with a long visit, in which my friend stirred up the General by introducing a favorite measure in which the Senate opposed him. The pipe was at once

taken from his lips; his cane rattled upon the floor, and he roared out, "I can do nothing for this cursed Senate!" Mr. Ellsworth introduced a new subject, and the President was calm again, and his conversation interesting. When we left, Mr. Ellsworth remarked, "I have taken some pains to show you the whole of the President."

Doctor Peters possessed a good physical constitution, and up to within two years of his death, enjoyed perfect health. During the last two years of his life he was afflicted with a disease of the kidneys and bladder, which was at times very painful. When in the eighty-fourth year of his age he made the following memorandum in his note book: "I am now in my eighty-fourth year. I enjoy good health and have a competency of this world's goods, and am waiting patiently for that change which I know must soon come. I have had my full share of the labors of a country physician, and more of political offices and labors than ordinarily fall to the share of one citizen."

During the last two years of his life he frequently spoke of "the change that soon awaited him," and always referred to it cheerfully, and with the true spirit of a Christian and a philosopher. He died on Tuesday, the 30th day of March last, and on the Friday following was buried in the cemetery attached to the Episcopal Church in Helton.

In his religion he was a sincere Christian and no humble worshiper. His parents and the Peters family generally, were Episcopalians. He was ardently attached to the Church, and contributed liberally of his means to its support. To the parish of St. Peter's Church, in Helton, he was a magnificent benefactor. He was for many years a member of the Corporation of Trinity College, which Institution conferred upon him the degree of LL. D.

Both as a physician and as a man, Doctor Peters had a strong hold upon the affection of his brethren. In a paper received from the Hon. Lucius J. Hendee, and to whom we are indebted for nearly all the facts contained in this sketch, that friend of Doctor Peters writes, that "Governor Peters was a most agreeable companion and a warm and true friend. His conversational powers were superior, and all who have had the pleasure of his acquaintance will long remember his lively and keen wit, his inexhaustible fund of anecdotes and stories, and his inimitable manner of relating them."

Doctor Peters lived and died a bachelor. He commenced the practice of his profession under the most adverse circumstances, having scarcely money enough to buy medicine in the smallest quantities, and visiting his first patients on foot. By industry, economy, perse-

verities, and the practice of strict integrity, he acquired a handsome estate, rose to eminence in his profession, and was honored by the people of his native State with the highest office in their gift.

In the memory of John S. Peters, the State of Connecticut has much that is worthy of being cherished, but more especially has the Connecticut Medical Society reason to hold his name in grateful remembrance, and record it among those of her worthy sons who have done honor to their profession. One and another of those remarkable men, who were pioneers of this Society, have gone down to the tomb; and so many of them Death has come not until the unimpaired time of man's existence. After long and well spent lives, their gray hairs have gone down with honor to the grave. Peace to their ashes! Honor to their memories!

In passing her eye over the brilliant galaxy of names of those of her sons who are now numbered with the illustrious dead, well might this Society exclaim, with all the animated warmth that glowed within the bosom of the Roman mother, "*These are my jewels!*"

VERNON, Ct., May, 1858.

PROCEEDINGS

OF THE

SIXTY-SEVENTH ANNUAL CONVENTION

OF THE

Conn. Medical Society,

HELD AT

SIMONSTOWN, MAY 22d & 23d, 1859.

HARTFORD:

THOMAS OF CASE, LOCKWOOD AND COMPANY.

1859.



Officers of the Society

FOR 1859-60.

PRESIDENT.

ASHBEL WOODWARD, M. D., of FRANKLIN.

VICE-PRESIDENT.

JOSIAH G. BECKWITH, M. D., of LISCHFIELD.

TREASURER.

GEORGE O. SUMNER, M. D., of NEW HAVEN.

SECRETARY.

PANET M. HASTINGS, M. D., of HARTFORD.

Standing Committees.

Committee on Examination.

ASHBEL WOODWARD, M. D., ex officio.

JAMES WELCH, M. D.

ELISHA B. NYE, M. D.

TIMOTHY DIMOCK, M. D.

A. T. DOUGLASS, M. D.

S. B. BEESFORD, M. D.

Committee to nominate Physicians to Report for the January.

GEORGE BLACKMAN, M. D.

B. B. NORTH, M. D.

WM. WOODBRIDGE, M. D.

G. B. HAWLEY, M. D.

LEWIS WILLIAMS, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

RUFUS BLAKEMAN, M. D.
 WILLIAM WOODRUFF, M. D.
 JOHN B. LEWIS, M. D.
 ALBERT MORRISON, M. D.
 BENJ. H. CATLIN, M. D.

Committee on Registration.

S. G. HUBBARD, M. D.
 GURDON W. RUSSELL, M. D.
 BENJ. H. CATLIN, M. D.

Committee on Publications.

P. M. HASTINGS, M. D.
 ROBERT HUBBARD, M. D.
 P. G. ROCKWELL, M. D.
 G. B. HAWLEY, M. D.
 J. B. LEWIS, M. D.

PROCEEDINGS.

THE ANNUAL CONVENTION of the President and Fellows of the Connecticut Medical Society, was held in the city of Middletown, May 23rd and 24th, 1899.

The President, Asbel Woodward, M. D., called the Convention to order at 11 o'clock, A. M.

Prayer was offered by the Rev. Mr. Dudley, of Middletown.

The Secretary having read a list of Fellows returned by the Clerks of the several Counties, the following gentlemen were appointed a Committee on Credentials, viz.:

Drs. S. T. Salisbury, H. W. E. Matthews, and Wm. A. Lewis.

The following list of Fellows for the present year was reported by Dr. Salisbury, Chairman of the Committee, viz.:

FELLOWS.

HARTFORD COUNTY.

S. B. Benedict, M. D.	A. Morrison, M. D.
G. B. Husley, M. D.	Solney Rockwell, M. D.
C. E. Hammond, M. D.	

NEW LONDON COUNTY.

*E. Bantley, M. D.	*Wm. Hyde, Jr., M. D.
*A. W. Cobb, M. D.	E. Phinney, M. D.
A. T. Douglas, M. D.	

FAIRFIELD COUNTY.

Justin Sherwood, M. D.	*E. P. Benson, M. D.
A. L. Williams, M. D.	*M. B. Parker, M. D.
D. H. Nash, M. D.	

MIDDLESEX COUNTY.

Eliza B. Nye, M. D. Edwin Edwell, M. D.
A. B. Worthington, M. D.

NEW HAVEN COUNTY.

J. Knight, M. D. A. C. Woodward, M. D.
C. Hooker, M. D. H. W. E. Matthews, M. D.
H. W. Painter, M. D.

WINDHAM COUNTY.

Samuel Hutchins, M. D. Lewis Williams, M. D.
Justin Hammond, M. D. Wm. A. Lewis, M. D.
*Lowell Holbrook, M. D.

LITCHFIELD COUNTY.

Samuel T. Salisbury, M. D. George Seymour, M. D.
John H. Welch, M. D. *G. B. Miller, M. D.
Benjamin Welch, M. D.

TOLLAND COUNTY.

Charles F. Sumner, M. D. O. B. Griggs, M. D.
John B. Lewis, M. D.

On motion, the Address of the President and the Dissertation were deferred until the Evening Session.

The President appointed Drs. S. B. Barreford, George Seymour, and Lewis Williams, a Committee on the Unfinished Business of the last year.

The Secretary reported the following communications received, viz. :—

The papers relating to the action of the Hartford County Medical Meeting, in the case of Dr. J. S. Curtis.

A series of Resolutions on Anesthesia, from the Hartford Medical Society, referred to a Special Committee, consisting of Drs. C. Hooker, Benj. Welch and O. B. Griggs.

A communication relating to the recommendation of the Directors of the State Prison, abolishing the Inmate Department of the prison, referred to a Special Committee, viz. :

Dr. Beckwith, Hawley and Hunt.

The report of the Treasurer was then read and referred to a Committee for examination, viz. :

Drs. Rockwell, Painter, Phinney, Miller, Bidwell, Holbrook and C. F. Sumner.

The Committee on Debentures was appointed as follows, viz.:

Drs. Nye, Hutchins and A. C. Woodward.

The Committee on Examinations were filled by ballot as follows, viz.:

Klaka B. Nye, M. D., vice Wm. B. Carey, M. D., removed.

A. T. Douglass, M. D.

S. B. Bensonford, M. D.

Committee to nominate Physicians to Retire for the Insane:

G. B. Hawley, M. D.

Lewis Williams, M. D.

Committee to nominate Professors in Medical Institution of Yale College:

Albert Morrison, M. D.

Benj. H. Cullis, M. D.

The President appointed Benj. H. Cullis, M. D., to fill the vacancy in Committee on Registration; and

G. B. Hawley, M. D. and J. B. Lewis, M. D., to fill vacancies in Committee on Publications.

The President appointed the following Committees, viz.:

Committee to nominate Delegates to American Medical Association for 1860—Drs. Hooker, Morrison, Phinney, Parker, Bidwell, W. A. Lewis, Salisbury, C. F. Sumner.

Committee on Gratuitous Course of Lectures—Drs. Douglass, Hammond, Matthews, W. A. Lewis, Bennett, J. H. Welch, Worthington, Griggs.

Committee on Honorary Members and Honorary Degrees—Drs. Benjamin Welch, Douglass, J. B. Lewis, A. C. Woodward, Sidney Rockwell, Hutchins, Williams and Worthington.

Committee to nominate Dissertator and Alternato—Drs. Knight, C. E. Hammond, Phinney, J. Hammond, Salisbury, Griggs, Nye and Sherwood.

Dr. C. Hooker, Chairman.

Recommended the following gentlemen as Delegates to the American Medical Association for 1860, viz.:

Asahel Woodward, M. D.

J. G. Rockwell, M. D.

George O. Sumner, M. D.

P. M. Hastings, M. D.

Adopted.

Dr. A. T. Douglass, Chairman.

Recommended Elmore C. Hise, of Plymouth, for a gratuitous course of lectures in the Medical Institution of Yale College; reporting further, that the other candidates recommended by the several County Meetings were found ineligible.

Report adopted.

Dr. Knight, Chairman, recommended for

Dissertator—A. B. Hays, M. D.

Alternate—J. B. Lewis, M. D.

Dr. Bowditch, Chairman.

Reported that the Committee on Unfinished Business of the last Convention, found none which they deemed worthy of attention at the present time.

Report accepted.

No report from Committee on Examination had been prepared.

Dr. Rockwell, Chairman of Committee to audit accounts of Treasurer, reported that they had found the accounts correct. Report of the Treasurer was then accepted.

The following summary of accounts was presented by Dr. G. O. Sumner, Treasurer, for publication, viz.:

General Summary.

Cash in the Treasury,	-	\$87.24
Due from Clerks of Counties,	\$1,088.63	
Deduct half of this for Bad Debts, Abatements, Contributions, &c.,	549.31½	
Leaves—		539.31½
Total of Cash and due from Clerks,		\$637.26½
The Society owes for Debentures outstanding,		482.50
Leaves Balance in favor of the Society,	-	\$154.76½

New Haven, May 24th, 1869.

GEO. O. SUMNER, M. D., Treasurer.

Dr. Knight stated that the American Medical Association, at their recent meeting at Louisville, Ky., had decided to accept the invitation of the New Haven Medical Society, and would hold their next annual meeting in New Haven.

Dr. Beckwith offered the following resolutions, which were unanimously adopted, viz.:

Resolved, That we are highly gratified with the announcement that the American Medical Association are to honor our State with its annual meeting in June, 1860.

Resolved, That in accordance with the resolution adopted by us in Convention of May, 1857, we will cheerfully unite with the physicians in New Haven, in giving a cordial welcome to our brethren of the National Association.

Resolved, That for this purpose a committee of three from each county be appointed by the Fellows from the several counties, to co-operate with the Committee of Arrangements at New Haven.

On motion, the Convention adjourned to accept an invitation from the Middletown Medical Society, to visit the Portland Quarries.

Evening Session, 8 o'clock.

Dr. C. Hooker, Chairman of Select Committee, reported that they had examined the papers submitted by the Hartford County Medical Society relative to Dr. J. S. Curtis, and found them correct and in accordance with the By-Laws of this Society, and would submit the following resolution, viz:

Resolved, That the action of the Hartford County Meeting in relation to Dr. J. S. Curtis, has been in accordance with the By-Laws of the Society, and that the expulsion of said Curtis is hereby confirmed.

Report accepted and report adopted unanimously.

A Dissertation was then read by Rufus Baker, M. D., of Deep River.

The address by Asbel Woodward, M. D., President, was read.

Dr. C. Hooker offered a vote of thanks for the able and interesting address of the President, with a request that a copy be furnished for publication with the proceedings of this Convention.

A vote of thanks to the Dissertator, and a request that a copy of the Dissertation should be furnished for publication, was also passed.

Dr. G. O. Sumner moved that three delegates be appointed by this Society to attend the Convention called to revise the Pharmacopœia of the United States.

Adopted.

The nomination of the delegation was referred to the Committee on Honorary Degrees and Honorary Membership.

Dr. J. B. Lewis moved that so much of the President's address as relates to the advantages to be derived by the Society from the estab-

ishment of a periodical Magazine, he referred to the Standing Committee on Publication, to be reported upon at the next Convention.

Adopted.

Dr. Burke, on behalf of the Physicians and Citizens of Middletown, invited the members of the Convention to partake of an entertainment provided at the McDougough House.

On motion, the invitation was accepted, and the Convention adjourned to 7½ o'clock, A. M., to-morrow.

Thursday, 7½ o'clock, A. M.

Called to order.

Dr. Benj. Welch, Chairman, reported the names of S. D. Willard, M. D., of Albany, N. Y., and John Ware, M. D., of Boston, Mass., for Honorary Membership; and that of John Boardman Trask, of California, for an Honorary Degree.

Report adopted.

The same Committee presented the names of Prof. Henry Bronson, M. D., N. B. Ives, M. D., and G. W. Russell, M. D., as delegates to the Convention to revise the Pharmacopœia of the United States.

On motion by Dr. Beresford, it was

Resolved, That the next Convention be held in the City of Hartford, on the fourth Wednesday of May, 1859.

On motion by Dr. Knight, it was

Resolved, That a tax of two dollars be laid upon the members of this Society, payable on the first day of June, 1859.

Dr. Hooker, Chairman, presented the following report, *viz*:

The Committee to whom was referred the Preamble and Resolutions of the Medical Society of the City of Hartford, respectfully report: That in their opinion the claim of the late Horace Wells, of Hartford, to the discovery and application of the principle of producing anesthesia by inhalation for surgical purposes, is supported by incontrovertible evidence; they therefore recommend to this Convention for approval and endorsement, the Preamble and Resolutions referred to them.

Report adopted. [Vide Appendix A.]

The following gentlemen were appointed a Committee of Arrangements to co-operate with the Committee at New Haven, to provide for the meeting of the American Medical Association in June, 1859, *viz*:

Hartford County, Drs. Beresford, Hawley and Hastings.

New Haven County, Drs. B. H. Cutler, L. S. Beardsley and P. G. Rockwell.

New London County, Drs. Ashbel Woodburn, A. B. Hall and I. G. Parson.

Litchfield County, Drs. Wm. Woodruff, Wm. W. Welch and J. G. Beckwith.

Fairfield County, Drs. J. Sherwood, D. H. Nash and Williams.

Middlesex County, Drs. Rufus Baker, G. W. Burke and E. B. Nye.

Tolland County, Drs. Alden Skinner, T. Dimmock and C. F. Sumner.

Windham County, Drs. Wm. H. Cogswell, Lewis Williams and J. B. Whitcomb.

On motion by Dr. C. Hocker, it was

Resolved, That five hundred copies of the Proceedings be published for the use of the members of the Society.

The following delegation was appointed to represent this Society in the Massachusetts Medical Society, viz:

Hartford County, G. W. Russell, M. D.

New Haven " Joel Canfield, M. D.

New London " N. S. Perkins, M. D.

Litchfield " George Seymour, M. D.

Fairfield " S. S. Noyes, M. D.

Middlesex " Rufus Baker, M. D.

Tolland " G. H. Proctor, M. D.

Windham " Justin Hammond, M. D.

Dr. Beckwith, Chairman, reported a memorial to the General Assembly on the subject of the Inmate Department of the State Prison, and recommended its adoption by the Convention, and that a committee of three be appointed by the President to further, as far as possible, the objects of the memorial.

Adopted.

Drs. Beckwith, Hawley and Hastings, were appointed such Committee. [Vide Appendix B.]

Dr. Nye, Chairman, reported a list of Donations, which was adopted.

Dr. Selney Rockwell offered the following resolution, viz:

Resolved, That the thanks of this Convention be tendered to the Medical Gentlemen and Citizens of Middletown, for their kind reception of its members, and the cordial hospitality manifested towards them during the present session.

Adopted.

Adjourned.

P. M. HASTINGS, Secretary.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

FELIX PASCALIS,	New York.
*JAMES JACKSON,	Hatfield, Mass.
*JOHN C. WARREN,	Boston, Mass.
*SAMUEL L. MITCHELL,	New York.
*DAVID HOSACK,	New York.
*WRIGHT POST,	New York.
BENJAMIN SILLMAN,	New Haven.
*GEORGE M'LELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
*THEODORE ROMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
*WILLIAM P. DEWEES,	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
*PHILIP SING PHYSIC,	Philadelphia, Pa.
*LEWIS HEERMAN,	U. S. Navy.
*DANIEL DRAKE,	Cincinnati, Ohio.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Hudson, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
*WILLIAM TULLY,	New Haven.
RICHMOND BROWNELL,	Providence, R. I.
*WILLIAM BEAUMONT,	St. Louis, Mo.

SAMUEL HENRY DICKSON,	-	Charleston, S. C.
*SAMUEL B. WOODWARD,	-	Northampton, Mass.
*JOHN STEARNS,	-	New York.
STEVEN W. WILLIAMS,	-	Deerfield, Mass.
*HENRY GREEN,	-	Albany, N. Y.
*GEORGE FROST,	-	Springfield, Mass.
WILLARD PARKER,	-	New York.
BENAJAH TICKNOR,	-	U. S. Navy.
ALDEN MARCH,	-	Albany, N. Y.
*AMOS TWITCHELL,	-	Kenns, N. H.
CHARLES A. LEE,	-	New York.
DAVID S. C. H. SMITH,	-	Providence, R. I.
*JAMES H. SMITH,	-	Springfield, Mass.
HENRY D. BULKLEY,	-	New York.
J. MARION SYMS,	-	Montgomery, Ala.
JOHN WATSON,	-	New York City.
FRANK H. HAMILON,	-	Buffalo, N. Y.
ROBERT WATTS,	-	New York.
J. V. C. SMITH,	-	Boston, Mass.
O. WENDELL HOLMES,	-	Boston, Mass.
JOSEPH SARGENT,	-	Worcester, Mass.
MASON F. COGSWELL,	-	Albany, N. Y.
FOSTER HOOPER,	-	Fall River, Mass.
THOMAS C. BRINSHADE,	-	Troy, N. Y.
GEORGE CHANDLER,	-	Worcester, Mass.
GILMAN KIMBALL,	-	Lowell, Mass.
JAMES Mc-NAUGHTON,	-	Albany, N. Y.
ISHER PARSONS,	-	Providence, R. I.
S. B. WILLARD,	-	Albany, N. Y.
JOHN WARR,	-	Boston, Mass.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

P. M. HASTINGS, M. D., Chairman.

GEORGE CLARY, M. D., Clerk.

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| <p>HARTFORD, Henry Holmes, S. B. Brown.
 <i>Isa. G. E. Hawley, G. W. Russell,</i>
 <i>David Casey, P. W. Ellsworth, Benjamin Rogers, E. K. Hunt, J. N. Taylor, J. C. Jackson, A. W. Harvey, Thomas Noyes, H. Coffey, William Foster, John P. Wells, William B. Townsend, S. C. Preston, F. M. Hastings, Edward Pettibone, Stephen M. Fuller, George Clary, W. H. Tremaine, Lucius S. Wilson, Stephen E. Fuller.</i>
 <i>FORBES, L. B. Bradlee.</i>
 <i>GREENFIELD, Henry Gray.</i>
 <i>HARSON, Rowell Hawley.</i>
 <i>BRIDGEMAN, William Elton, M. D.</i>
 <i>CANTON, Orlanville, R. H. Yarnes.</i>
 <i>EAST HARTFORD, S. L. Child, H. K. Child.</i>
 <i>David Brook, Marcus E. Fisk.</i>
 <i>Hudsonian Pond, Joseph Olcott.</i>
 <i>DAYTON, J. F. Cassette, A. L. Spalding.</i>
 <i>THOMPSONVILLE, L. S. Foster.</i>
 <i>FAIRMINGTON, Judah Thompson.</i>
 <i>PLAINVILLE, G. A. Moody.</i>
 <i>GLAYVESBORO, Charles Brown.</i>
 <i>South Glastonbury, C. E. Hammond.</i>
 <i>Faithory, Salla Stocking.</i></p> | <p><i>GRANBY, Joseph P. Jones.</i>
 <i>West Granby, Chester Hamlin.</i>
 <i>West Granby, Justin D. Wilcox.</i>
 <i>North Granby, Francis F. Allen.</i>
 <i>HAMPSHIRE, Wm. Smith.</i>
 <i>NEW PETTAGE, Samuel David, R. D. Bicknell, B. N. Conliffe, S. W. Hart.</i>
 <i>ROCKY HILL, E. W. Olcott.</i>
 <i>SOMMER, E. A. White.</i>
 <i>Troyville, G. M. Sandeen.</i>
 <i>NORTHBRIDGE, John E. Brown, S. H. Lyngton, F. A. Hart.</i>
 <i>SOUTH WINDHAM, H. C. Gillette, H. Condit.</i>
 <i>East Windham ME, Sidney Rockwell, William Wood.</i>
 <i>STEVENS, Arthur Bang.</i>
 <i>Troyville, ———, William.</i>
 <i>West Suffield, O. W. Kellogg.</i>
 <i>WESTMINSTER, E. F. Cook, A. S. Wason, E. Fox.</i>
 <i>WEST HARTFORD, Edward Bruce.</i>
 <i>WINDHAM, Wm. S. Norton, A. Morrison, S. A. Wilson.</i>
 <i>WINDHAM LOCKS, SAMUEL W. STANBROOK.</i>
 <i>AYON, Frank Wheeler.</i></p> |
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NEW HAVEN COUNTY.

M. O. LEAVENWORTH, M. D., Chairman.

LEONARD J. SAMFORD, M. D., Clerk.

- NEW HAVEN, *Ells* *Ans*, Jonathan Knight,
 Samuel Pendergon, A. S. Mowen,
 Charles Bockert, N. E. Ives, E. H. Bidley,
 Levi Ives, F. A. Jewett, D. L. Daggett,
 Geo. O. Sawyer, D. A. Taylor, Henry
 Benson, E. A. Park, S. G. Hathorn,
 W. J. Whiting, M. W. E. Matthews, C.
 A. Lindley, Worthington Hooker, T.
 P. Teare, T. W. Tutten, John Scott, C.
 M. Anson, Moses C. White, L. J. San-
 ford, G. L. Ives, Edward Bakley, Jr., J.
 C. O'Sell, S. O. Gourdin.
Fair Haven, Lyman Parker, C. S. Thomp-
 son, W. M. White.
Warville, Samuel Lloyd.
Orange, Henry W. Feltner.
Bethany, Asa C. Woodward.
Beacon, H. V. C. Holcomb.
North Greenfield, Sheldon Bagdady.
Cheshire, A. J. Briggs, M. C. Williams.
Dursey, Charles E. Palmer.
Avonington, Ambrose Fairbury.
Hempsteadville, Thomas Stoddard, S. C.
 Johnson, Joshua Kendall.
Schafford, Joel Canfield, Alma Talbot.
Hamden, Edwin D. Swift.
Mattson, D. M. Webb.
Merriden, N. Nickerson.
West Meriden, E. B. CATLIN, R. W.
 Black, A. H. Churchill.
Milford, Hall Allen, L. S. Dearkley,
 Thomas Patton.
Norwalk, J. H. Sears, Henry Fur-
 jott.
North Haven, E. T. Stillman.
Oxford, Lewis Burton.
Northbury, A. B. Berry.
South Haven, S. C. Eastwin.
Wallingford, Solomon Bales.
Yaleville, C. D. McCarty.
Waterbury, M. C. Leonard, G. L.
 Foss, John Dwyer, G. E. Perkins, P.
 G. Rockwell, Thomas Dougherty.
Worcester, Isaac Goodrich, Andrew
 Castle.

NEW LONDON COUNTY.

ELIJAH DYER, M. D., Chairman.

L. S. PADDOCK, M. D., Clerk.

- NEW LONDON, *Dyer* T. Bonnard, N. A.
 Perkins, James Morgan, Isaac G. Per-
 ter, Wm. W. Miner, Seth Smith, D. F.
 Francis, Albert Hobson, Robert A.
 Mayewing, Robert McCarty Lord, A.
 T. Douglas.
South, Richard P. Tracy, Josiah
 Ayers, Elijah Dyer, Eliza Palmer,
 A. B. Wade, Edwin Bentley, Daniel F.
 Gulliver, Lewis S. Padlock.
Bozrah, Samuel Johnson.
Colchester, Erikol Parsons, Frederick
 Morgan, Melancthon Smith.
East Lyme, John A. Smith, Austin T.
 Perkins.
Franklin, ASHIEL WOODWARD.
Groton, Joseph Dwyer.
Lebanon, Joseph Timmott, Ralph E.
 Greene.
Lyme, Richard Storer.
Montville, John C. Butler.
Coventry, S. E. Maynard.
Princeton, A. D. Downing.
Stonington, William Hyde, George E.
 Palmer, William Hyde, Jr.
Hyde, Moses Manning.
Hyde Bridge, E. F. Chase, A. W. Chase.

FAIRFIELD COUNTY.

GEORGE BLACKMAN, M. D., Chairman.

M. B. PARSON, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Brook.	NEWBURY, George W. Barth.
GROTON, HUFUS SLAKEMAN.	NOBOWALK, John A. McLean, Jos. Gregory.
Southport, Justin Sherwood.	Samuel Lynes, Jas. W. McLean.
FOREVEREST, D. H. Nash, F. J. Johnson.	South Norwalk, M. B. Pardon.
M. L. W. Bunker, Wm. R. Nash, Robert	STAMFORD, N. D. Haight, Lewis Hartford.
Phillips, H. N. Bennett.	STAMFORD, Samuel Smith.
ENSOFTFIELD, A. L. Williams.	STAMFORD, Wm. T. Shoben.
DANFORTH, E. P. Bennett.	TACKMILL, J. L. J. J. A. H. M. J. J. E.
EASTON, James Bellows.	S. S. O. E. K., George Dyer.
HUNTINGTON, James H. Shoben.	WESTPORT, George Blackman, David S.
NEW CANAAN, Samuel L. Ayer, Lewis	York.
Richards.	GREENWICH, J. H. Hoyt.

STIRRECK COUNTY.

ELIJAH BALDWIN, M. D., Chairman.

JAMES H. WHITEHEAD, M. D., Clerk.

BRONLEY, James B. Whitcomb, Wm.	CANTONMENT, Elijah Baldwin, Joseph
Woodbridge.	Palmer.
ASHFORD, John H. Simmons.	SCOTLAND, Chas. B. Broadley.
West Killbuck, Stephen C. Griggs, Sam'l	WINDHAM, Chester Bond.
Whitcomb, David C. Hall.	CHARTER, Orrin Wither.
South Killbuck, Daniel A. Bony.	HARTFORD, Hyr. Hughes.
East Killbuck, Ebenezer A. Hill.	FOREMAN, Henry Hall, Lewis Williams.
Superior, Justin Hammond.	North Woodstock, Asa Wither.
FRANKFELD, WM. H. COGSWELL.	South Woodstock, Lorenzo May.
GROTON, Charles H. Rogers.	West Woodstock, Eliza Bradford.
Mansy, Lewis E. Dixon, Frank Burgess.	VANDERBILT, Samuel Whitcomb, John
STIRRECK, Wm. A. Lewis.	McGregor.
VOLEBROOK, Henry Gayball.	Putnam, H. W. Wither.

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

O. E. BARNICK, M. D., Clerk.

LITCHFIELD, J. G. Beckwith, George Sey-	GROTON, A. M. Hickey.
mour, H. W. Bond, D. E. Bondwick.	HARTFORD, G. B. Miller.
South Farms, Gerry H. Miner.	KENT, Wm. Stoddard.
CANAN, Thomas H. Smith, A. A. Wright.	NEW BRITAIN, Abiel Williams.
South Canan, John A. Gilbert.	ELIMBROOK, Henry Jones.
CARROLL, ELLIOT B. North.	NOBOWALK, Wm. W. Welch, John H.
West Canan, Samuel H. Gold.	Wells.
Gaylord's Bridge, G. H. St. John.	PURMOUTH, Samuel T. Salisbury.

Almond Millar, Wm. Woodruff.
BOCHERY, Myron Down.
Lebrun, Dr. J. Webb, Wm. Dand, H. M.
Knight.
SHAW, Ralph Young, William M.
Knight.
Wheeler, E. Smalley, J. W. Phelps.

WARREN, Jos. E. Dickinson.
WASHINGTON, E. M. Fisher.
See Preston, S. H. Lyman, E. P. Lyman.
WATSON, Jas. Webb, J. W. Ewell.
WICKHAM, Charles H. Webb, Herman
W. Sherr.

MIDDLEBURY COUNTY.

IRA HUTCHINSON, M. D., Chairman.

ELDER B. NYE, M. D., Clerk.

HOOVER, Joseph Barrett, Charles
Woodruff, Eldon B. Nye, George W.
Burke, Miner C. Brown.
GREENWELL, Ira Hutchinson.
Jos. Hampton, F. G. Kingston.
Wells, Madison, A. B. Worthington.
CHURCH, S. W. Turner.
CLARK, D. H. Hubbard.
DEAN, R. W. Mathewson.

ELDER HADAM, Jos. M. Day, Denis W.
Dean.
RAIMOND, Edwin Baldwin.
WATKINS, George O. Jewell, D. C. B.
Gilbert.
SAVINGS, Jos. M. Kins.
East, A. H. Bough, F. W. Shepard.
Days, Elmer, Edgar Baker.
Frederick, Horace Hunt.

FOLLANS COUNTY.

ALDEN SKINNER, M. D., Chairman.

GILBERT H. FREEDER, M. D., Clerk.

FOLLANS, G. E. Allen, G. H. Fenton.
BALFORD, Charles F. Emerson.
Kell, George, Oliver Wood.
Scott, George, Timothy Kincaid, Henry
S. Ross.
SALMONSON, Davidson Dean.
HEARN, Orlin C. Wiley.
Wainwright, George, Carl Smith, D. B. Gering.
Wainwright, George, Norman Brigham, W. H.
Richardson.

SCOTT, Oren Frost.
East, Sanford, Wm. N. Clark.
West, Sanford, J. C. Rodgers.
Wainwright, George, C. E. Newton.
Wainwright, S. P. Fossom.
YERGEN, John B. Lyle.
McNish, Allen Skinner, Stephen G. Es-
ley.
WILKINSON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1889, WITH DEATHS REPORTED FOR THE YEAR ENDING APRIL 1st, 1890.

	Fellowship.	Not Transferable.	Total.	Deaths.
Hartford County,	61	9	70	0
New Haven County,	64	7	71	2
New London County,	35	13	48	0
Fairfield County,	25	4	29	0
Windham County,	21	8	29	0
Litchfield County,	39	5	44	0
Middlesex County,	18	0	18	0
Tolland County,	16	0	16	0
	<u>219</u>	<u>39</u>	<u>258</u>	<u>2</u>

Notes.—*Regular Fellows* of the Connecticut State Society are permanent members of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1890. WHEREBY ARE AND INCREASE BY FAR AS ASCERTAINED.

New Haven County,	Deaths.
Timothy F. Boers, age 70.	Diphtheria.
Henry L. Fitch, age 64.	Epileptic.

DUTIES OF COUNTY CLERKS.

- To wait County Meetings.
- To read the proceedings of the County Meetings.
- To collect the taxes and pay the same to the Treasurer.
- To transmit to the Secretary a list of the elected Fellows, and the persons recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.
- To make certificates of Fellowships, to be transmitted to the Secretary, on or before the first day of the Convention.
- To transmit to the Treasurer the names of the Fellows' dues, immediately after the County Meetings.
- To return to the Treasurer the names of Members delinquent on taxes, with the amounts severally due from each.
- To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.
- To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and residences of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificate of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Delinquents.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Graduation Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertation.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous Business.

LIST OF ADDRESSES AND DISSERTATIONS

DELIVERED IN CONTENTIONS.

- 1793 President's Address, by Dr. Leavert Hubbard.
- 1794 Prize Essay on Animal Bilious Fever, by Dr. S. H. P. Lee.
- 1794 Prize Essay on the Properties of Opium, by Dr. Gideon Shepherd.
- 1795 Eulogy on Dr. L. Hubbard, by Dr. Enoch Munson, President.
- 1795 Prize Essay on the Preparation of Antimony, by Dr. F. P. Oviere.
- 1795 Prize Essay on the Different Species of Coffee, by Dr. Thaddeus Betts.
- 1796 Prize Essay on the Contagion of Yellow Fever, By Dr. F. P. Oviere.
- 1796 Prize Essay on Cynanche Testicularis, by Dr. S. H. P. Lee.
- 1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
- 1796 Prize Essay on same subject, by Dr. Gideon Shepherd.
- 1798 History of a case of Bilious Concretion, by Dr. Lemuel Hopkins.
- 1798 An Essay by Dr. Jared Potter.
- 1799 A Dissertation, by Dr. Thaddeus Clark.
- 1800 A Dissertation on Lemnry, by Dr. Nathaniel Dwight.
- 1804 Essay on the Stafford Mineral Waters, by Dr. Samuel Willard.
- 1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
- 1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
- 1818 On Ergas, by Dr. William Basl.
- 1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
- 1821 Dissertation on Uterine Hemorrhage by Dr. Samuel Rockwell.
- 1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
- 1823 Dissertation, by Dr. Dyer T. Brainard.
- 1829 Dissertation on Extra-uterine Conception, by Dr. George Sumner.
- 1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.
- 1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
- 1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.

- 1837 An Address, by the President, Dr. Thomas Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Isaac G. Foster.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Benson.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.
- 1841 An Address by the President, Dr. Silas Fuller.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Asaiah Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middlebrook.
- 1843 A Dissertation on Phlebotomy, by Dr. Pinckney W. Ellsworth.
- 1844 A Dissertation on the Respect due to the Medical Profession, and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
- 1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
- 1848 A Dissertation on Some Forms of Non-Malignant Disease of the Cervix Uteri, by Dr. H. Fortyes Baker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Alvan Talbot.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. Johnson C. Hurd.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1852 An Address by the President, Dr. Rufus Blakeman, on the Early Physicians of Fairfield County.
- 1853 A Dissertation on Popularizing Medicine, by Dr. Samuel Beach.
- 1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. B. Camp.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
- 1857 An Address by the President, Dr. Benjamin H. Catlin.
- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
- 1858 An Address by the President, Dr. Benjamin H. Catlin.
- 1859 An Address by the President, Dr. Ashbel Woodward.
- 1859 A Dissertation on the Louse, by Dr. Rufus Baker.

A Historical Account of the Connecticut Medical Society.

THE
ANNUAL ADDRESS

DELIVERED BEFORE THE

CONVENTION

OF THE

Connecticut Medical Society,
AT MIDDLETOWN,

MAY 25th, 1859.

BY ASHIEL WOODWARD, M. D., OF FRANKLIN,

SECRETARY OF THE SOCIETY.

HARTFORD:
PRESS OF CASE, LOCKWOOD AND COMPANY.
1859.

ADDRESS.

GENTLEMEN OF THE CONVENTION.—It is pleasant for us all to remember that we this day assemble in this ancient city where the founders of our venerable Society held their original meeting two-thirds of a century ago.

It is also fitting that we should express our obligations to an ever watchful Providence, that we, as an association, have been permitted to maintain an uninterrupted and as we trust a somewhat progressive state of existence from that time to the present.

In compliance with a by-law adopted by this Society some years since, and in conformity to a usage which has to some extent prevailed, it becomes the duty of the President to deliver annually an address to the Convention.

Among the multiplicity of subjects from which one might readily be selected for profitable contemplation, the pressure of professional engagements has left me little room for choice. I am almost compelled to pass over the inviting fields of Medical Science and to take up a topic which has for years occupied much of my attention. The conference alluded to in our place of meeting has also had its influence upon the choice of a theme.

I propose, then, briefly to review the origin and progress of the Connecticut Medical Society, and shall attempt to establish the mutual claims and obligations subsisting between this association and the profession in our State.

The time that has elapsed since the date of our organization forms one of the most eventful periods in the history of Medicine. But in

a single address, and that necessarily condensed, our medical progress will be referred to only so far as it may relate to our subject.

In May, 1786, to meet a very obvious want, and one that was extensively felt, certain practitioners of medicine and surgery convened at Hartford and petitioned the General Assembly for the incorporation of the Connecticut Medical Society. The petition, very respectably signed, was continued to October, 1786, then to May, 1787, and finally to October, 1787, when a Committee was raised to consider it.

An act for the encouragement and promotion of medical knowledge appears to have been introduced in May, 1786. In May, 1787, it passed the Lower House, but was continued to October, 1787, when it was negatived in the Senate.

It will thus appear that a leading object of the early petitioners for a State Medical Society was the encouragement and promotion of medical knowledge, or in other words, to elevate and fix on a permanent basis the standard of Medical Education, to provide a succession of thoroughly qualified physicians and surgeons adequate to the wants of the community.

To appreciate what has been done in furtherance of this object it must be recollected that from the settlement of the country in 1639 to the organization of our State Society in 1792, a period of more than 150 years, no systematic effort had been made in New England to elevate the grade of medical education, or to regulate the practice of the profession, if we except the organization of the State Medical Society in Massachusetts in 1784, of that in New Hampshire in 1791, and of two or three County Medical Associations in our own State, organized on the voluntary principle.

During the first century of our colonial existence, or to speak more definitely, during the unexpired two-thirds of the seventeenth century, there were but very few individuals in the profession of even respectable attainments. In some of the larger and first settled towns, a few able and educated physicians were to be found. Of this number was the Hon. John Winthrop, who in 1662 was made the first governor of the colony under the charter which he presented to Charles II. He was an eminent physician, ripe scholar, and a patron of science in general, having been not only a member but one of the founders of the Royal Society of philosophical transactions. His field of practice was first at New London, and successively at New Haven and Hartford. He died in 1676.

A few other names might be mentioned as among the earlier physicians in the colony. In the year 1652, Dr. Thomas Leed of Hart-

ford, obtained a license to practice physic and surgery. This was the first medical license that was granted by the General Court. Two years later, Dr. Daniel Porter, of Farmington, was also licensed to practice medicine and chyrurgery. Dr. Porter acquired considerable celebrity as a practitioner, and was one of the leading physicians in the colony for more than thirty years. We will only mention in this connection two additional names who were licensed toward the close of the seventeenth century. They were those of Dr. Thomas Hooker, of Farmington, and Dr. Samuel Mather of Windsor, both of whom are believed to have enjoyed the private instructions of Dr. Porter, and neither of whom was scarcely less distinguished in the profession than their eminent teacher.

If we extend our researches nearer to our own times, we shall not fail to discover that the leading physicians in New England, especially in our own colony, were members of the clerical profession also, who during their collegiate course acquired their professional knowledge from the writings of Hippocrates, Galen and other early medical authors. Of this class of practitioners were the Bulkleys, father and son, of Wethersfield and Colchester, Elliot of Killingworth, Fisk of Haddam, and Collins of Litchfield. The two first were graduates of Harvard, the remaining three of Yale. Some of these, particularly Elliot and Fisk, were physicians of great distinction, and were not infrequently called into the adjoining colonies in consultation.

During the whole of the seventeenth century, the circumstances of the country were not favorable to the prosperity and elevation of the profession. To become a well qualified physician requires a course of study and a variety of observation which were not to be obtained in any of the colonies, while the great expense attending a foreign education rendered it quite impracticable for any except a very few to avail themselves of the only means of becoming regularly instructed.

The advantages likewise attendant upon an emigration hither were too remote and too uncertain to draw the educated physicians of Europe to our shores. Thus it was that in the almost entire absence of populous towns, and in the entire absence of medical institutions which constitute so powerful an attraction to the educated, and to the ambitious, no one already established in practice on the other side of the Atlantic, would think of exchanging it for the hardships and privations which he was almost sure to experience in the American wilderness. It was perhaps too often the case that those and those only who failed in the old world were induced to remove to the new.

It is then evident that while religious difficulties filled the clerical

marks with taste of piety and learning, and while the favor of the crown produced a full supply of legal talent, the profession of medicine, receiving few valuable accessions, was suffered to languish.

It is true that this depressed state of the profession did not continue unvaried through the entire period of our colonial existence. Toward the middle of the eighteenth century wars broke out between England and France, and the theater of military operations was mostly in the colonies. From the time of the expedition against Louisbourg in 1742, to that against Havana, 20 years later, including in the intervening time the conflict with the Canadians, resulting in their conquest by England, wars were almost constant. The British forces were accompanied by a medical staff composed of well selected and well educated physicians. Their military operations led to the establishment of many hospitals in our territories. As the colonies were required to furnish their full proportion of troops, it followed also that they were to supply their share of the medical corps. This brought many of our young men into contact with the educated and experienced surgeons of Europe. The effect was most salutary. The discipline of the camp supplied in some measure the defects of early medical education. In this way a new order of medical men was raised up and diffused through the community.

The names of those who participated in these military campaigns are doubtless familiar to most of you. Some of the earlier were Beal of Sudbury, Durant of Derby, Wheeler of Hartford, and Tudor of East Windsor. Among the later and more distinguished were Turner and Lord of Norwich, Wabbe of Pomfret, and Watrous of Colechester. The five last names in this list are all to be found in the Act of Incorporation as composing a part of the original founders of the Connecticut Medical Society.

The medical works then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead and Huxham; the physiology of Haller; the anatomy of Cooper, Cheselden and Monro; the surgery of Sharp and Pott; the midwifery of Smellie and Hunter, and the *Materia Medica* of Lewis. These of course were all the productions of foreign authors, yet medical literature had by no means been neglected by the profession in this country.

The earliest medical publications appeared in Massachusetts, and were called forth by the prevalence of epidemic diseases, and the very first was a tract by Thomas Thatcher, a clergyman and physician of Boston. It was entitled "A Brief Guide in the Small Pox and Measles," and was published in the year 1677.

We might mention other productions which were characterized by great and varied learning, accuracy of observation, and originality of thought, and which would do credit to a later age. Thus the "Practical History of a new Epidemical Eruptive Military Fever, which prevailed in New England in 1735 and 36, by William Douglass, M. D., of Boston," and which was published the latter year; a "Description of American Yellow Fever," by Dr. John Lining, published in 1752; and a work on the "Treatment of Wounds and Fractures," by Dr. John Jones, published in 1776, have had a lasting reputation.

Dr. Benjamin Gale, of Killingworth, appears to have been the earliest medical writer in Connecticut. He studied medicine with the distinguished Dr. Jared Elliot, whose daughter he subsequently married. About the year 1750, he published a work entitled "Historical Memoirs, relating to the practice of Inoculation for Small Pox in the British American Provinces, particularly in New England." In this work the author advocated the utility of a course of mercury as a preparative to the disease. This production has been referred to by the celebrated Dr. Huxham, who noticed with favor the practice recommended by the author. Dr. Gale also published some essays in the transactions of the original New Haven County Medical Society. These with "Cases and Observations," published by the same Association in 1788, a work which has been referred to by foreign authors, and which gives a judicious view of the practice of the State of Connecticut subsequent to the *rise of Independence*, if we include a work on "Pestilence," by Noah Webster, L.L. D., will comprise the main part of our medical literature anterior to 1792.

During the first three-fourths of the eighteenth century, the humoral doctrines of Boerhaave held almost unlimited sway over the minds and practice of the physicians in this country. Endemic and epidemic diseases prevailed in almost all the colonies, sometimes producing very great destruction to life. Indeed we have the painful evidence that the wide-spread mortality experienced during the prevalence of certain epidemics was attributable to the low state of medical practice.

The use of mercury in the treatment of inflammatory diseases and eruptive fevers, had its origin with Dr. Wm. Douglass of Boston, in 1736. The preparation used was calomel. It was a long time before its powers were properly understood and appreciated, and before it occupied its true position as a therapeutic agent.

As late as the middle of the last century, the department of midwifery was almost exclusively in the hands of females. In some of

the more sparsely settled towns it continued to be so till near the beginning of the present.

Dr. James Lloyd of Mass., and Dr. William Shippen of Penn., were the first regular and successful practitioners of midwifery in this country. It is mainly to their success, that this delicate branch of practice has been transferred from the hands of uneducated and incompetent females.

Thus early, it is not known that any American physicians, educated in the European schools, were to be found in this, as there were in several of the other colonies. Among the most distinguished in the latter, were Drs. James Lloyd and Zabdiel Boylston, of Massachusetts; St. Gal Cullen and Dr. James Ogden, of New York; Dr. John Morgan, Wm. Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas, of Virginia; and Dr. Lining of South Carolina.

The first public attempt to communicate medical instruction in America was made in 1754, by Dr. Wm. Hunter of Newport, R. I. He gave lectures on anatomy in this and the two succeeding years. He was educated under the elder Mead, at Edinburgh, was a contemporary of Cullen, with whom, as well as with his own illustrious kinsman, Drs. Wm. and John Hunter, he corresponded after his removal to this country.

In the year 1762, Dr. William Shippen, Jr., who had then just returned from his studies in Europe, commenced a course of lectures on anatomy to a class of twelve students in the city of Philadelphia. The same course was continued for the two following years, when in 1765 he was joined by Dr. John Morgan, the immortal Rush, and others, in founding the Medical Department of the University of Pennsylvania.

Meanwhile the New York physicians were not unsatisfied of what was in progress in Philadelphia, and influenced in part by a spirit of rivalry, were successful in their efforts to establish a Medical School in connection with Kings College. With a full Medical Faculty, including, with others scarcely less distinguished, the names of Dr. John Jones, Peter Middleton, and Samuel Bard, the first course of lectures was given in the winter of 1768-9.

The next movement was in Massachusetts, a little before the close of the war. In the winter of 1780, Dr. John Warren, then surgeon of a military hospital in Boston, commenced a course of anatomical lectures, which were annually continued until a Medical Faculty was organized in connection with Harvard University, in 1782, but so slow

were its beginnings, that for the next eighteen years but nine students were honored with the degree of M. B., and not one with that of M. D.

These schools, thus ably organized, were at first not well sustained. Six years after the organization of the New York School, only about twenty-five persons attended anatomical lectures, and some of these were from the West Indies. And as pressing as were our own wants, these institutions were patronized but by very few, if by any, of our own medical students. Not a single name from Connecticut is to be found upon the earlier catalogues of any of the institutions just referred to. Although it should be borne in mind that the first medical honors were bestowed upon but few, and that even at a later date they were much less sought after than at present.

They were educated in very different schools. Allusion has already been made to the benefits derived by the profession in the Provinces, from the medical corps attached to the English armies sent against the French in the war of 1755 and onward—but the war for Independence afforded a different school. In the one, the profession in the colonies acted in the capacity of students and assistants, while in the other they were left entirely to their own resources. The profession being thus compelled to act independently, and often without the necessary supply of hospital stores, it acquired that self-reliance which enabled it at the close of the war to set about establishing its infant institutions, with a zeal and an energy that was sure to result in success.

As we have shown, the medical students of Connecticut prior to the organization of the State Medical Society, had no other than private medical instruction. There were, it is true, some competent and highly popular medical teachers scattered through the State, by whom large numbers of our young men were successfully educated. Among the most eminent were Dr. Jared Elliot, of Killingworth, who has been justly regarded as the father of regular practice in Connecticut; also Dr. Jared Potter, of Wallingford, himself a student of Dr. Elliot, who for many years kept a medical school, in which several of the most distinguished physicians in the State were educated, Dr. Lemuel Hopkins of Hartford being of the number. Another, scarcely less eminent, was Dr. John Barker of Franklin, who was the first President of the New London County Medical Society, organized in 1784, to which office he was annually re-elected to the time of his death, in 1791. To these we might add the names of Dr. James Hurlbut of Berlin, and Dr. Seth Kim of Litchfield, his student; Dr. Benjamin Gale, who was the instructor of Dr. Elisha Tupper; Dr. Elisha Tracy, the teacher of Philip Turner; Dr. John Osborn of

Hillsbourn, Dr. Mason F. Cogswell of Hartford, and others. But able teachers of that day were not always accessible, and when accessible, were not always duly appreciated. All who chose to practice medicine were legal physicians, however indifferent had been their attainments. No examination was had, nor was any license given or required. In some cases a certificate was proffered by the instructor to the student at the expiration of his apprenticeship, as it was called, but even this was often dispensed with.

With this low state of medical instruction, and in the absence of all acknowledged rules of medical police, and without ethical laws to regulate the intercourse of physicians, and consequently without harmony of action or true dignity of professional character, the state of the profession in general, could not have been otherwise than that of gent, not to say extreme degradation. It was felt to be so by a class of honorable and philanthropic practitioners to be found in every section of the State.

Some of this number had already participated in the organization of County Medical Associations at home. It might or might not have been known to them generally, that State Medical organizations had existed elsewhere. New Jersey is entitled to the credit of making the first attempt to improve the condition of the profession by means of social organization. As early as 1764, the profession in that State formed a voluntary Association, which continued in successful operation till 1775, when its meetings were interrupted for a time by the military operations in that colony. This Society did not obtain an act of incorporation till 1790. The second important movement in this direction was, as we have seen, in Massachusetts, when in 1781, she received an act of incorporation for her State Medical Society. The next State Society was in New Hampshire, which was chartered in 1791.

Owing to the peculiar relations that had long existed between this and the mother country, our best informed physicians could not have been ignorant that a Medical Association had been formed in England as early as the time of Edward the IV., (1462,) when a company of surgeons as a social organization in the city of London, obtained a charter with certain exclusive privileges.

And still later, in the reign of Henry VIII. the physicians of the city of London, or a favored portion of them, were by act of Parliament constituted a perpetual community. But it is evident that this organization was instituted, rather to build up individual interests, and to replenish the exchequer, than to protect the interests of the com-

minity, and at the same time to elevate the character and standing of the profession.

Had the physicians of Norwich, who in 1765 applied to the Colonial Legislature for the charter of a Medical Society; and had the physicians and surgeons who convened at Hartford in May 1786, to obtain an act of incorporation for a State Medical Society, felt the true dignity of their position, they doubtless would have established medical associations on the voluntary principle, without legislative protection or interference. They did not then, more than now, need exclusive privileges. All that they did require from law is common with other citizens, was protection and freedom of action. If these Associations are to become honorable and extensively useful, the elements of their greatness and prosperity must be found to exist inherently within themselves. They can not be conferred by legislative enactment.

The people of this country had just successfully emerged from the war of Independence. They had seen that in that struggle their success depended upon union of effort. The physicians of Connecticut realized the necessity of a thorough professional reform, and felt that the consummation of this reform required not only concert of action among themselves, but legislative sanction also. Hence, the act of incorporation petitioned for in May, 1786, was granted in 1792. From that day onward to the present, if its course has not been marked by uniform prosperity, its existence at least, has been continuous. And it would be difficult to name any Association at home or abroad that has more unflinchingly aimed to promote the public good, and at the same time to secure to its members that true dignity of character which should distinguish all belonging to an honorable profession.

* It is not necessary that we should revert to the various acts that have from time to time marked the proceedings of this Society. These are familiar to the senior members of our Association. Still, it should be borne in mind that our Society came into being during the most critical era in the history of medicine in this country. It was, in an important sense, a transition period. If we were not liberated from obedience to European theories, the doctrines of Cullen were fast supplanting those of Boerhaave and Sydenham. In 1790, the immortal Rush promulgated certain principles in our own country which he regarded as the foundation of a new system in medicine, and which won for him not a few disciples and admirers. It was the forming period of the profession, and while the great men were either learned

in science not skilled in practice, there were to be found some who had obtained pre-eminence in both.

After obtaining an act of incorporation, the Society held its first meeting in October, 1792, in this city, where we are permitted to assemble to-day. The first act of that original Convention was recorded as follows:

Resolved, That a Committee be appointed in each county, consisting of three members of the Connecticut Medical Society, for the examination of Candidates for the Practice of Physic and Surgery."

These County Committees or Boards of Censors, were selected with great discrimination, and were filled with the most eminent physicians in their respective localities.

This was the first attempt that had been made in this State to regulate the educational qualifications deemed essential for admission to the profession, if we except an army regulation enacted during the war of Independence, and some preliminary measures which had been adopted in New Haven, and one or two other counties, to partially introduce the license system.

Among the colonies New York made the first successful effort to regulate the education and practice of the profession by legal enactment. This was in 1769, but it was confined exclusively to the city and county of New York. With the exception of a similar enactment in the colony of New Jersey, in 1772, no attempt was made to regulate the qualifications and practice of physicians by any of the colonial governments previous to the war of the Revolution.

The Massachusetts Medical Society, as already stated, was incorporated in 1781. It was authorized to elect a board of censors whose duty it was to examine all candidates for admission into the profession in that state, and to grant licenses to such as were found qualified. Similar powers were granted to the New Jersey Medical Society in 1790, and to that incorporated in New Hampshire in 1791.

The Connecticut Medical Society thus organized, with its Boards of county censors ably filled, entered upon a career of great prosperity for the next twenty years. The most benign influences everywhere marked its progress. Although it was not clothed with strong legal powers to restrain irregularities, reform was everywhere manifest, quackery became rare and more unpopular, and finally it became difficult for a young candidate to find employment if he did not possess a license, as a guaranty of his qualifications.

But it cannot be concealed that a serious want was felt in the pro-

fession, and perhaps out of it too. And it is one of the most singular features connected with the history of colonial medicine, that so little attention was paid to professional education. This is the more remarkable, inasmuch as our colonial ancestors were fully alive to the importance of general instruction, and the most honorable efforts were made to establish it on a respectable foundation. As early as the year 1706, Yale College was established, yet no provision was made for instruction in the medical sciences for the next one hundred years. About the year 1801, the corporation passed a resolution to institute a medical professorship. This resulted in no further action till in the year 1810, to meet a very manifest want, the legislature of the state, upon the joint application of the corporation of the college, and the President and Fellows of the State Society, passed an act to establish the Medical Department of Yale College.

The first course of lectures was delivered in the winter of 1813-14. During the first twenty-five years of its existence the whole number of those who received medical instruction in the institution, in whole or in part, was, we believe, considerably more than one thousand.

During this period about five hundred have received the degree of Doctor of Medicine from the President and Fellows of Yale College, and nearly three hundred have been licensed to practice by the President of the State Society.

In granting degrees, the college and the society have been so equally represented in the Board of Examination that neither has had just cause of complaint, while the public interests have always been secured.

We shall not attempt to estimate the amount of influence that has been produced by the united efforts of the society and the college. Possessing, as the latter always has, a faculty inferior to that of no similar institution in our country, the results have been most salutary.

I trust that it is a source of sincere gratification to us all to meet one of the original members of this Board of Instruction in our convention to-day.

Without pausing to particularize, we are happy to observe, that the instrumentality of the society in founding humane institutions, in perfecting a system of medical ethics, and in devising measures of sanitary reform may well be pointed to with satisfaction and pride.

Without any change in our organization, but with some improvements in our financial and publishing operations, we are of the number who are full of hope for the future. This has been inspired in no inconsiderable degree by the organization and very successful career

thus far of the American Medical Association. The interest developed by this movement has extended itself till it embraces the profession in the whole country;—and besides other important results, it has re-activated old associations; has led to the formation of new ones where none existed before; has caused a more open and liberal intercourse among medical men, and has produced a more active and universal sense of the high aims, interests, and responsibilities of the profession.

Hence, notwithstanding the abatement of all laws regulating the practice of medicine in this and most of the other states, and the consequent absence of all legal protection, the profession was never making more rapid advancement in its education, in its science and literature, and in its social position than at present.

Experience has everywhere demonstrated that, comparatively, little reliance can be placed upon legislative action to promote the welfare of the profession, or to protect the health of the community. If this is true, then it follows that whatever is done to secure the above objects must be accomplished by the profession itself. The measure of its usefulness and its honor are entirely in its own keeping and dependent upon its own action.

Observation and facts have also demonstrated that associated action is the great characteristic feature of the age. If then it is important to effect a more complete and thorough organization of the profession on such a plan as to embrace in the local societies every regular and scientific practitioner, and if such social organization is to be sustained and kept alive by the voluntary contributions of its members, then it is plain that an enlarged and liberal sentiment must universally pervade the professional mind and develop a nobler idea of what a physician should be, both professionally, so to speak, and socially.

But in order to insure both permanency and efficiency, and to continue within our ranks every worthy member of the profession, it requires only a limited knowledge of the past history of medical organizations to make it evident that without some collateral aid, and permanent resource for increasing the interest, and perhaps for lightening the burthens of such associations, they will almost inevitably sink to a mere nominal existence.

With a view to obviate such disaster, and at the same time to give new vitality to our organization, we would submit for your consideration, if not for your immediate action, the practicability of establishing a Medical Periodical under your own direct auspices and editorship. In addition to the ordinary matter embraced in journals of this char-

acter, it would very properly contain the Proceedings of your State and County Societies; at the same time affording a medium of communication between the profession at home and abroad.

The Editor or chief conductor, should be appointed by the Society through a committee to act as a Board of Publication. The publishing department might be committed to individual enterprise, with the necessary guarantees from the Society.

It is not my purpose to submit any mature plan of publication. I rather propose it as a measure well calculated to re-animate and perpetuate our Association. In a Convention like the present, it would be wholly superfluous to allude to the advantages of reading and study to the medical man. I am assured of your hearty concurrence, when I assert that every physician, even after entering upon the active duties of his profession, if he would properly discharge his obligations to the sick, or if he aspire to eminence, must continue without intermission, judicious habits of mental application. He is required not simply to investigate disease at the bedside of his patients, but also to keep himself informed of the advances made in all departments of medical science. This can only be attained by reading at least one well conducted medical journal.

Dr. Thatcher, in noticing the New York Medical Repository, a pioneer Medical Journal in America, projected in 1798, remarked "that it might with great truth be said to have contributed more largely than any other single publication to that taste, in medical investigation and improvement, which had been for a number of years so rapidly advancing on this side of the Atlantic."

We repeat that it is mainly due to medical journalism, to the periodical press, that a correct professional sentiment is established and sustained. These journals constitute a most essential part of our medical literature, and their conductors are not only responsible for the character of the contents, but they very properly assume the function of censorship over every other department of medical writing.

I am aware that this proposition may be regarded, and perhaps very generally, as Utopian—as impracticable.

It may be objected, that there are not periodicals enough of the kind—more than are well conducted and well sustained.

That our proximity to the larger cities renders such an undertaking unnecessary.

And besides, the area of our State is insufficient to furnish the requisite patronage.

To the first of these objections I would reply, that every locality and every Association have their own peculiar wants.

Again: as regards our resources, for subject matter, we feel assured that the senior members of the Society could regularly furnish monographs of great value which otherwise might never be drawn forth. But to the younger members, would such a publication prove especially beneficial. We have many physicians in our ranks, close observers, good reasoners, and judicious prescribers, who yet never report one of their numerous cases, nor reduce to writing their views, however original in conception, sound in theory, or useful in practice. If the field of medical knowledge had already been thoroughly harvested, and only a few stray ears were left to repay the toil of the gleaner, such neglect would be excusable. As it is, we have hardly crossed the confines of our territories, and the golden sheaves hitherto garnered, but bespeak the fertility of our inheritance. While opinions on questions of ethics and religion, of justice and politics, are weekly disseminated through a thousand channels, shall we remain content with present acquisitions nor attempt to add to the legacy bequeathed to us by our professional ancestors? But to make the treasures of experience available, requires power of analysis and method, of close thinking and accurate reasoning. The nature of our calling does not secure intellectual discipline by offering us arena for the clash of mind against mind, as is the case in law. And this we regret the less, because as the pen gives opinions wider circulation than oral utterance, so its avoidance too is the most effectual means of training those faculties, the thorough culture of which ensures to the physician a career of usefulness and eminence. If we have a Journal of our own—the index of our ability—sentiments of pride as well as philanthropy, will enlist in the cause the choicest talent of the State.

Again: while it must be acknowledged that Metropolisian cities, where talent and capital are aggregated, possess superior facilities for journalism, yet the influence of these cities should by no means grow to such an estate of overweening magnitude as to reduce the country to a condition of inglorious dependence.

To unrequiringly borrow from them our opinions, or yield assent to their dogmas as ex cathedra and authoritative, would be no less than a virtual surrender of the most precious of our birthrights. Bold, self-sustaining independent habits of thought constitute the very foundation and ground work of intellectual power. Plant an elm in the open field and it will grow to majestic proportions. Plant the same

the beneath the shade of another that has luxuriated in the sun-light of a hundred summers, and it will always be a dwarf. As individuals, eager to promote mutual improvement and the good of our common cause, let us put on the whole armor; especially let us not slightly esteem the pen which in days of modern civilization has become a weapon mightier than the sword.

To these remarks, already much too long, we merely add the sincere hope that our annual Convention may prove one of much pleasure and profit to the members present, and that our acts may insure to the general and permanent prosperity of the Society.

THE APPLICATION OF THE ISSUE,

A Dissertation read before the Annual Convocation,

BY HENRY DARGIE, M. D., OF DREXEL HILL.

GENTLEMEN OF THE STATE MEDICAL SOCIETY:—You have most fit to appoint me to present to your notice on this occasion, some of the results of my experience in the practice of our common art. I have complied with extreme diffidence, not only that the habits, acquired through more than sixteen years of a somewhat active business life, have quite unfitted me for any extended literary labor, but also that during the past year my time has been so occupied, that I have found it impossible to give even the most trivial subject a fair investigation.

I have prepared for you, therefore, no rhetorical essay upon the disputed but popular topics in our science; I have gone into no new field of experiment; I bring you no ingenious web of theories. We, gentlemen, as members of an active and philanthropic profession, have no time to be theorists. Stepping aside for an hour from the busy round of our very practical life, we have gathered here to exchange our experience for another year, acquire perchance from each other a few new ideas, and again take our places as hard-working, earnest men.

It is one of the most beautiful features of our science, that it rests upon a few simple truths. The student need not be bewildered by long series of axioms and propositions; the practitioner, if he be true to the faith he once professed, may walk a straight and narrow path; for, like the solitary ray, guiding the seaman amid the storm, so gleams along the lapse of years those grand old truths, bequeathed us by our early fathers. Glorious legacy! marjared by the prejudices of enemies, safe amid the turmoil and contention of friends, undimmed by the mists of ignorance, and unimpaired by decay.

This is emphatically an age of new ideas, of bold experiment, and of rapid theory. It is a subject of regret, that in our independence we mistake independence for freedom of thought, and having been so long accustomed to form and change theories of our own, we now presume to laugh at the conclusions to which our fathers arrived, and even set aside those truths which have had the experience of centuries to confirm them. Sects and schools, isms and pathies, are rising up around us, claiming, and in many cases securing, a large share of the patronage of the people, and boasting, with too much truth, of their adherents from our own ranks. Lamentable as it is, facts are every day showing us that dishonesty is becoming too common in the medical profession. At the present day the temptations are so strong to yield to the allurement offered by the various systems of medical heresy; the plain, honest practitioner is so poorly appreciated, and so meagerly rewarded, while the coffers of quackery overflow, that it requires an unusual devotion to our art to retain the moral integrity of the true physician. We do well, therefore, occasionally to revert to those time-honored principles which we have received from the past, and thus to determine how far our progress has been genuine, by observing how nearly it conforms to the great fundamental truths of our art.

I ask, therefore, your patient attention to a few results of my experience in the workings of one of those familiar truths. In this I expect not so much to impart new ideas, as to refresh old ones; desiring not so much the fame of the explorer, as to find my experience confirmed by that of my brethren.

The liver, as a curative agent, has received of late years very slight attention. Few medical writers have given us any ideas, save the most vague, of their action upon the system, or have discriminated with any degree of exactness in their application to the various forms of disease. Yet no remedy is more common in nature, none has had so much of the confidence of the profession; few are capable of being wisely applied to so much advantage; and yet, strange to say, few have been employed so blindly.

The fathers of medicine were close and patient observers of nature. They laid down no dogma, striving to compel her conformity to their presumption. They learned from her teachings, and imitated her in their practice. They were fond of expressing those truths in short sayings, or proverbs. We know the great dogma of Hippocrates was that upon which the whole theory of Allopathy is founded—"Contraria contrariis curantur."

I shall not occupy your time in discussing the doctrine of counter-irritation. Knowledge is but observation; and we, both as men, and as physicians, are every day presented with evidences of its truth. The particular channel through which this remedial agent acts, either that its power as a divertant to the circulation, we may not be able to define. What part may be assigned to the nervous system, future observation may be able to determine; but that its office, both in producing and removing derangements of the various organs, is an important one, no one can have failed to remark. It is to one of the forms in which this principle is applied—the *Issue*—that my mind has been directed for some years.

The action of the *Issue* as a curative agent is evidently three-fold: as a counter-irritant, stimulant, and a drain.

1st. As a counter-irritant, it operates by exciting the blood-vessels near the surface, attracting the blood to the *Issue* and adjacent parts, and in the same degree diverting it from the inflamed part, thus relieving the deep-seated inflammation. On this principle the moxa, dry-cupping, setons, and other topical applications, are made use of to relieve inflammation of the brain, spine, &c. Information of the beneficial effects of this remedy has recently reached us from across the sea; that the terrible results of the injuries received by Senator Sumner, have yielded to the hardly less terrible application of the *Issue*—the favorite remedy of Larrey and other eminent French surgeons of the past and present; though it has never been entirely naturalized this side of the Atlantic.

2d. It acts as a stimulant to the internal organ, on the same principle that we make stimulating applications to the external parts. No argument is needed to prove the absorbing power of the lymphatics through the skin. We are all familiar with the internal effects of cantharides, from the application of a blister—with the absorption of nuxepine when applied externally. We apply mercury externally, when we wish a speedy constitutional effect. Morphia, strychnia, and a variety of other medicines, are applied externally, to produce internal effects by absorption. We are also familiar with the effects of local stimulants to cold sores, or any local inflammation of an acute character. In like manner it is believed that when a caustic is applied to the skin, portions of that caustic are absorbed and carried into the circulation, producing an effect upon distant organs.

3d. The *Issue* operates in irritation of nature, as a drain to the system, or takes the place of a natural drain, affecting some vital organ. The human system is so constituted, as to contain within

itself, to a great extent, the elements of repair, and our efforts to restore a diseased organ to its normal state, must, if successful, act in harmony with this great truth. In a healthy condition of an organ, the changes of growth and decay that must be constantly going on, we are told by physiologists, are accomplished in the capillary system of blood-vessels, as it is through these capillaries that the fluids are converted into the necessary solids—the solid receiving from the blood and assimilating with its proper substance, material particles identical in their nature with those of which it already consists; and the solid also giving up to the blood, and relieving itself of other particles which before formed a portion of itself, but which have become unfit or superfluous. Now any departure from this continual change of adding and subtracting particles, or any excess or defect of the particles added, or the particles subtracted, or in their kind or quality, or any deviation from the regular process of nutrition, changes the character and quality of the blood, as well as the solid thus acted upon. These lesions of nutrition, then, together with deficient excretory action, render the fluids of the system, so to speak, impure in their character; and it is in their purification that the repairing efforts of nature are directed, and to the aid of which our art, to be successful, must also be directed.

Though I cannot, by any means, adopt to its fullest extent the old humoral pathology, that all maladies are attributable to some acrimony or pecuniar state of the humors, yet I am still farther from taking the other extreme—the doctrine of the solidists.

The solids of the body being built up and kept in repair by materials furnished by the blood; and the worn-out particles of the solids being taken into the blood, to be conveyed out of the system; it is evident, that, if any organ fails to appropriate to itself particles destined for its repair or growth; or, if particles fail to be eliminated from the blood, destined to be thrown off as waste matter, the healthful condition of the circulating fluid is altered, and consequently the harmonious working of the system disturbed. The impure fluids or those particles which have not been excreted, as well as those that have not been appropriated, remain in the system, and are often deposited on some field or imperfectly nourished organ, making it a sort of reservoir for the accumulation of these fluids. Now what is the operation of nature, when she is successful in relieving the system of this source of disease? The facts are familiar to us all, that one disease is often removed on the supervention of another, and that the exception to this truth seldom occurs, when the substituted disease is

connected with a drain from the part of the system affected. Tubercular disease of the lungs is frequently cured by the supervision and continuance of fistula in ano, or some other suppurative discharge. Many diseases of the internal organs get well on the appearance of a cutaneous eruption, or a succession of boils; diseases are suddenly arrested by a critical discharge; a monthly hæmoptisis sometimes occurs in place of the menstrual discharge; cervical abscesses have been known to cure hydrocephalus, &c.

Taking the above view of the operations of nature, the idea then naturally suggests itself is, to establish in imitation of nature, an artificial drain from the body, which in the same manner shall remove these retained matters, which are acting as poisons to the blood.

This principle holds good also in our treatment of the products of inflammatory action in any part of the system; and accordingly we find blisters and issues of benefit after the acute stage of otitis, lris, pleuritis, and kindred diseases. We are accustomed to take advantage of this principle in administering cathartic and diuretic medicines in typhus and malignant fevers, as well as in those of a more chronic character, which are attended by a general diminution of the excretive function. On a similar course of reasoning we discriminate in our application of the various caustics to the diseases of the internal cervix. In that firm, which consists in a simple ulceration of the mucous membrane of the cervix, and as, with little or no induration of the submucous tissue, we find much benefit from the application of the Lunar Caustic. This stimulates the circulation of the part to a healthy action, at the same time that, by coagulating the albumen of the tissue, it forms a bland coating or pessaire over the part, thus facilitating the cure. But in those cases, which are met in the married more frequently, where, with the state above described, there is connected an engorged and indurated condition of the body of the cervix, and the posterior wall of the uterus, attended by chronic leucorrhœa, and more or less prolapsus, we must resort to other measures for a cure. No course of treatment has proved so successful as the application of the Caustic Potash, repeated at intervals sufficient to keep up a continual discharge or drain.

But with these facts we are all familiar: I will, therefore, proceed to the consideration of some of the chronic diseases of an atrophic character, which more properly depends upon arrested secretion or excretion. Here we have found the issue of peculiar benefit. Take for example a cold or catarrh—one of the most frequent affections in our climate. The function of the skin is arrested by the exposure to

cold, and particles are thrown back into the circulation that ought to have been eliminated by the cutaneous excretion, and this retained excretion becomes a poison, and it is as virtually so as if it were a poison introduced from without the system. Now, what is the result? Nature sets about to relieve the system of this poison in the blood; and the different parts of the respiratory mucous membrane become a vicarious excretory for this suppressed cutaneous action, and the inflammation connected is, no doubt, in a great degree the result of the presence of the morbid material in those parts. The treatment, in a recent case, is plainly to restore the functions of the skin, which may be accomplished by diaphoretics, diuretics, warmths, &c.

But suppose this state of things lasts for months, or even years, producing a chronic catarrh or leucorrhœa; in this case, the diaphoretics, &c., will, we know, accomplish little; the vicarious excretion still continues, and with it the inflammation, produced by its presence in the mucous membrane. Suppose, further, that this occurs in a person of scrofulous constitution, or imperfect assimilating organs; then tubercular matter is accumulated upon this already weakened part, producing still more extensive inflammation. This inflammation is attended by the softening, and, of course, the ultimate expulsion of the tubercular matter, often effecting a cure of the disease by nature, in the same way that scrofulous matter is removed from the cervical glands, by the elevation and dissolving of tubercular matter in them. The lungs would doubtless often be cured spontaneously, were it not the fact that, while scrofulous matter is being removed from one part of the lung, it is multiplied in another; till at length death ensues as the consequence. I believe that there is no means within the reach of the physician that so certainly fulfills this indication—to prevent this multiplication of tubercular deposit—to divert this vicarious excretion as an artificial drain from some other part of the system, properly regulated, and properly applied.

From what has been said, it is apparent that persons of a scrofulous diathesis are the class of cases that are most benefited by the use of issues; and if a cure is not effected, I think we can safely adopt the language of an eminent medical writer, who says, "If we can venture no further, we may unhesitatingly assert that we have seen the issue retard the progress of tubercular consumption. They seem in these cases to act as safety valves to the system; letting off any incipient disposition to inflammation, and thus, without much impairing the strength, enabling the body to bear tonic and a more generous diet, than it would otherwise support."

"The plan of introducing issues," says Mr. Liston, "has rather gone out of fashion; but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. Nature often seems to establish them for the prevention, relief, or cure of internal diseases."

Says Dr. C. J. B. Williams, *Cyclopædia. Prac. Med.*, "When energetic, these vesicles (issues) are of great utility in chronic inflammations of various kinds. If any distinction can be made as to the kinds in which they are the most serviceable, it may be suggested that the circumscribed *lateral* inflammations of viscera are positively benefited by their use. When of more moderate form, and secreting serous, they act rather as evacuates, and have been, not unaptly, compared to a new secreting gland in the system."

I have found the issue of decided use in all chronic inflammations where the vitality of the system was not too low, and particularly in disease connected with a scrofulous diathesis; the violence of its action being varied to the condition and strength of the patient, and the kind of issue to the indications to be fulfilled.

If issues are of so much service as a remedial agent, it becomes a question of practical interest to ascertain what are the best and most efficient issues, and what is the best mode of their application. Nitric acid makes a good issue; yet there are strong objections to its use; it destroys the cellular tissue of the part to which it is applied, making the character of the discharge different from that obtained from the surface of the skin, and cannot be sufficiently often repeated to obtain its beneficial action, by the absorption of its acrid principle. Yet, when a counter-irritant alone is wanted, it is efficient; and cases that have come under my own observation might be related, where it has been evidently of the greatest benefit. Caustic Potash or Vienna Caustic also makes a good issue; yet its objections are the same as those of the acid. Chloride Zinc paste does well in the production of small issues; but it is intensely painful, where a large surface is covered, and somewhat uncertain in its action. The same objection may also be urged against it that applies to the Nitric Acid issue. The same also applies to scrota, and all discharges where the application does not require frequent repetition to keep up the discharge, and where the discharge is produced from the destruction of tissue. Of the vegetables that are used in the production of an issue, the Croton Oil is admissible in some cases, though hardly active enough in nervous disease. The Mezereum the same. The root of the Arum or Indian Turnip, and seeds of the Skunk Cabbage have been tried; but there is hardly

sufficient data to pronounce authoritatively concerning them. Some of the species of *Rhus*, particularly the *Rhus Radicans* or Poison Ivy, have been proposed; but their action is too uncertain, and effects many persons too violently to make them either safe or reliable. The roots of several species of *Ranunculus* have been tried for this purpose. The *R. Acris* and *R. Sceleratus*, which are among the most common species, do not seem to act with much efficiency. They produce a sore and a serous discharge, and as stimulants and counter-irritants, no doubt are of service where a drain from the system is not needed. The *Ranunculus Bulbosus* is much more efficient, and in my opinion, makes the best article, to produce the three-fold action of the issue, that our *Materia Medica* affords.

There is evidently a marked difference between the action of issues produced by the destruction of cellular tissue in a greater or less depth, and those, the discharge of which is obtained from the papille of the true skin, the latter being, as a general thing, alone beneficial in those diseases of debility we have just been considering. This we may readily understand when we consider that the action of the deep-seated issue is followed by the efforts of nature at repair, requiring an expenditure of vital force, wholly incompatible with the wants of the enfeebled organ. Here we elude to be the peculiar advantage gained by the use of the latter class of issues, and especially of the *Ranunculus*,—that we secure all the therapeutic effects we have before attributed to this class of remedies, especially that of a stimulant, with but little depression, or exhaustion of the vital force.

A very fair description of this plant (the *Ranunculus Bulbosus*) may be found in the United States Dispensatory.

I have used this article for many years, and in a great variety of cases and diseases where the inflammation was of an atonic character, and can bear testimony to its value. True, I have found an occasional case, where its action was too violent; but this has been rare. Generally, the application, particularly in persons of a scrofulous constitution, has been attended with febrile symptoms for a few hours, passing off, in many cases, with pleasant exhilaration; patients often expressing surprise that they felt so much better and stronger than they had for a long time previous. Cases have been of frequent occurrence in my practice, where I have been called upon to apply the *Ranunculus* issue, to relieve the individual of a feeling of prostration, the patient claiming that the issue applied, perhaps months or years before, so much increased the strength that they are anxious to make another trial.

In applying this article for the purpose of making an issue, it is necessary that the plant should be used in its green or fresh state, as the acrid principle is lost by drying, or by the application of heat. My mode of making the application is simply to apply to the part I wish to vesicize, the fresh leaf, bruised, leaving it remain on four, six, or eight hours. After its removal, I make application of plantain, beet, or cabbage leaves for some twenty-four hours; then remove the outside, and dress the part with some mildly stimulating plaster. I generally use the Emp. Gallan. Comp. The purulent discharge is kept up for ten days or two weeks, when another application is necessary, if it is desirable to continue the discharge.

In ascertaining what is the best article with which to make an issue that will produce the effects desired, the question naturally arises, what is the best location for its application?

If the action of the issue was to counter-irritate, to act simply as a derivative or revulsive, there would be great propriety in making the issue as far as possible, even, from the diseased part. But experience proves the contrary—that their value is in proportion to the nearness of the issue to the part affected. Hence in diseases of the lungs I invariably apply my issue to the inside of the arm, that portion being anatomically much nearer to the part affected, than if applied directly to the chest, over the lung diseased, the arm on which the application is made corresponding with the lung affected; in all cases, seeking where it is convenient, to apply the issue as near as possible anatomically to the part diseased.

In proof of the value of the issue, and particularly that of the Ranzanische issue, as a remedial agent in the cure of disease, I crave your indulgence while I relate a few of the many cases treated by this means, combined with the use of mild tonics, which are generally given in connection.

CASE I. Mrs. P. L.—Laboring a scrofulous constitution, she had, for about one year, been the subject of a severe and troublesome cough; mucopurulent expectoration, and frequent slight attacks of hæmorrhage; almost constant pain in the left side.

TREATMENT. Application of issues of Ranzanichs to left arm, producing for the first few hours a very active febrile disturbance, passing off pleasantly, and followed by a free discharge of fetid matter. A free use of porter and generous diet. The issues were frequently repeated for about six months. The discharges became less fetid, and health gradually improved, till she was discharged well. This was in the summer of 1852; since which time she has enjoyed very good health.

CASE 2. Mrs. C. G. aged 34. I was called to visit this case in the Spring of 1855. Of a scrofulous diathesis. Two years previously, a tumor had been removed from the left breast by a celebrated cancer doctor. This he pronounced cancer; and it was retained by the application of caustic. She had for the last three months been undergoing a course of dosing, by one of the same class of doctors, for consumption. I found her with a frequent pulse, hurried respiration, pain in right side, severe and troublesome cough, with expectoration of mucopurulent matter, often streaked with blood; had had frequent turns of slight hæmorrhage from the lungs, emaciation going on rapidly, extreme debility, being hardly able to walk across the room. This patient had taken so much medicine that she was averse to taking more, as the stomach had become so irritable, that it had been rejected for some little time previously; and during my whole treatment, the only medicines given were small doses of subnitrate Bismuth in infusion of Colombo, for the purpose of allaying that irritability. Applications of the Rasteneus issue were made to the arm, which produced the usual febrile excitement, passing off pleasantly in a short time. The suppuration was copious, with an offensive smell at first, during the discharge, which continued for a little more than two weeks. She rapidly gained strength; the cough lessened in violence; expectoration, also, became much less. The discharges from the arm were kept up for about three months; the applications being repeated as often as necessary to keep up a discharge of matter. She was then dismissed, calling herself well. Since that time to the present, she has enjoyed very good health; having called on me about a year afterwards to make an application of the "plant" to the arm, as she felt weak, and knew by experience that it would give her strength.

CASE 3. In the Spring of 1858, I was called to visit a young man aged eighteen years, laboring under Hæmoptisæ. He had discharged large quantities of blood previous to my arrival. Acting on the principle that the character of the hæmorrhage required stimulants to the part diseased, turpentine was administered by the mouth, and an issue applied to the arm. After the hæmorrhage subsided, mild issues were given, and continued with the issues for a long time. Frequent examination of the chest revealed quite extensive tubercular deposits in the right lung. This, together with the fact that two members of his family had died of phthisis, gave the case a very unpromising character. The treatment was continued for several months, and as much exercise in the open air enjoined, as could be borne. At this time,

May 20, he is in tolerable health, and able to labor as much as usual. Auscultation gives evidence that tubercular absorption has taken place.

Tubercular disease is, it has been said, a disease of diminished nutrition and weakness, and of course requires a general invigorating and supporting system of treatment; yet at the same time, it is an established fact, that in the immediate vicinity of tubercular deposit, there is a greater or less amount of inflammatory action, involving the adjacent structures. This inflammatory action, it is believed, is relieved by the *Rumex* tonic, on the principles of counter-irritation, which, at the same time, stimulates the disintegration of the tubercular matter, that is already formed, and, by the action from the circulatory system, removes this disintegrated mass, with other morbid matters, from the circulation, which in time, would be added to the mass already formed.

CASE 4. E. B., a child two years old, came into my hands in April, 1846. It had been treated for scrofulous ophthalmia most of the time for one year. For the last six months the mother had been confined to a dark room with the child, as it could not bear the light. I found it impossible to make a satisfactory examination on this account. I discovered that the cornea of both eyes was partially covered by the effusion of lymph.

TREATMENT. An issue applied to the back of the neck by means of caustic potassa; generous diet; and as much exposure to light and air as could be borne. In one month the child was about, without a covering to the eyes; and at this time is a healthy person.

CASE 5. Mrs. W. S., aged 44. A large and nodulated swelling of the right breast. It had been pronounced scirrhus by a physician, who had previously examined it. Treated by repeated issues of *Rumex*, mild tonics and alteratives. In three months the swelling disappeared, and has not returned. The woman is healthy.

CASE 6. Mrs. P. First visited her in the winter of 1854. Had been troubled with cough and bronchial irritation. For several years since an attack of measles, that did not "come out" properly; but her symptoms had been greatly aggravated from taking cold, some six weeks previously. The disease was attended with loss of voice, an almost constant and harassing cough, and mucopurulent expectoration, frequently streaked with blood. There were no positive signs of the presence of tubercles in the lungs; no auscultation revealed only rales and bronchial rales over both lungs, with very slight dullness, and prolonged expiration under the left clavicle; although she presented many of the rational signs of tubercular consumption. There was

evidently follicular inflammation of the pharyngeal membrane, extending beyond my power of examining; and believing this a good case for the topical application of a solution of nitrate of silver, I made trial of it thoroughly and perseveringly, and with the greatest confidence in the success. After a few weeks trial it was abandoned, and the Rasmussen issue made use of and repeated for some four or five months, when her health being so much improved, treatment was discontinued. Since which time she has enjoyed comfortable health. Once or twice in the time, she has asked for a Rasmussen issue, as she was beginning to have some of the old feeling about the throat.

Much has been said and written in favor of inhalations and the topical application of nitrate silver in Phthisis, and Bronchitis and Laryngeal diseases. In allaying the irritation of the part to which they can be applied, their use is undoubted and important; and I would accord all honor to those who have made these discoveries and perfected the plan for application. But in comparing facts with the theories that are put forth, and observing that when chronic diseases of the character to which I have referred, are decidedly improved by remedies, there is such marked evidence that these remedies act through a general, rather than a local influence, that the argument is strengthened by these observations, that these local developments are the result of constitutional affection, rather than local diseases with sympathetic constitutional disorder, and are not, and can not be cured by these topical applications alone.

The following is from a practicing physician of this State:

"You ask the result of my experience in my own case, as to the utility of the issue. As you are aware, the issue was inserted as a remedy against the recurrence of a urino-genital inflammation, to which I had been subject, as well as a state of general plethora. The effect on both these has been decidedly beneficial; and from an early period after its insertion, which is now more than two years, to the present, I have had but little of my former trouble. An old chronic cough, with which I have been more or less harassed for more than twenty years, has been materially benefited; and for a year or so past my general health and strength have been better than for many years; and I have scarcely taken a cathartic since the insertion of the issue, although I formerly found it absolutely necessary to do so very often."

Repeated cases might be related illustrating the remedial effects of various kinds of issues; such as blisters, kept discharging by Savine

Cerate, Caustic, Potassa and Lime, Setons, Cauter Oil, Tartar Emetic Ointment, &c.

But I forbear, craving your attention but a few moments longer, to the following deductions:

1st. If the doctrine of counter-irritation be true, and I think it would be an herculean task to controvert it, it then follows that in diseased action or rather inflammation, where the indications are to produce revulsion or counter-irritation, those articles should be selected that produce no stimulating effect upon deep-seated organs by absorption, but act directly and solely upon the parts to which they are applied; such as the Seton, Actual Caustery, Hot Water, &c.

2d. If it is true that the acrid principle of counter-irritants is absorbed and acts on deep-seated parts in the same manner that stimulating applications operate on superficial parts, of which there is evidently abundant proof; it then follows, that in diseases of mucous membranes, tubercular exudations, and all inflammations of an adhesive character, will require for counter-irritants those articles of which a greater or less amount of acrid principle will be absorbed.

Though the probable theoretical action of the issue as a stimulant has been hinted at, yet facts strongly denote that they do more. By their stimulant effects to the terminal lymphatics of the skin, it is more than probable that they excite the glandular and lymphatic systems to a healthy action, and thereby prevent the formation of serofulous matter in the system. The lymphatic system failing to perform its office, as it does in scrofulous disease, the indication in treatment is plainly to find some remedies that will restore its normal action, and facts point to the stimulant effects of the issue as one of these remedies.

3d. If the doctrine be correct, that disease is produced by faulty nutrition and excretion, and that thereby morbid matters remain in the circulation, acting as poisons, or are deposited on some imperfectly nourished organ, producing destructive inflammation, the indications are plainly to remove this morbid matter from the system; and without a theory even, facts abundantly prove that a suppurative discharge or drain from the circulation, does very often, certainly and speedily, fulfill this indication.

SANITARY REPORT.

Read before the Hartford County Medical Society, April 21, 1859.

MR. CHAIRMAN AND GENTLEMEN:—The Sanitary Committee of Hartford County for the year 1858, would respectfully report :

That they have endeavored to obtain such information, relative to the objects for which they were appointed, and would qualify them to present some statements that would be of value to the society. The customary circulars have been sent to all the members of the society, requesting each one to furnish a statement of the mortality in his own town or parish, together with an account of any epidemic that may have prevailed, or annual sickness, or whether it has been a year of health ; also to forward such observations in regard to the causes and character of the diseases, and the hygienic condition of the town as might occur to him. There was also a request made that such cases as were deemed important might be furnished in detail. Your committee have urgently solicited members, by letter and personally, to comply with the above requests.

They would not impute it to a lack of interest in those matters on the part of the profession generally, that in so many instances no response has been made to these inquiries, but rather to an aversion to the use of the pen ; for they cannot believe any member of this society to be indifferent to whatever is calculated to promote the health of the community, or unwilling to do what he can to remove the causes of disease and mortality. But when the attention is directed to the matter of stating facts, in regard to diseases and their causes, the physician is too much inclined to excuse himself from its performance.

What is wanted is not an elaborate essay, but a simple statement of facts, such as would show the relative amount of sickness and mortality, compared with other places, and the same place in different years.

It is due the society, however, to state here, that during the five

years in which this subject has been brought before its members, several reports, some of much interest and all of value, have been made relative to certain localities, giving important information respecting the mortality, amount of sickness, causes of disease, and, in a few cases, the topography.

It is to be hoped that hereafter much more definite information may be furnished, and that every member of the society will feel himself obligated to contribute something for the promotion of this object.

During the present year reports have been received from Drs. Moody of Plainville, Warner of Wethersfield, and Hart of Southington. Although these are not as full as might be desired, they furnish valuable facts in regard to their respective places.

Through the politeness of Mr. Hooley, State Librarian, access has been had, as on a former occasion, to the mortuary returns as made by the registrars of the several towns. Access has been had also to the tables prepared by him-self, showing the number of deaths that have occurred in the county during the year, also the number from each town, and their causes, arranged according to their respective classes.

From these returns, we find the whole number of deaths occurring in the county during the year 1858 was 1316,—677 males, 766 females; 15, sex not stated. Excess of females 29. There were under one year of age, 284; from 1 to 5 years, 250; from 5 to 10, 55; from 10 to 20, 75; from 20 to 30, 167; from 30 to 40, 109; from 40 to 50, 92; from 50 to 60, 84; from 60 to 70, 32; from 70 to 80, 112; from 80 to 90, 71; from 90 to 100, 14. More than one-third were children under five years of age.

The number of deaths from zymotic diseases was 329; from diseases of uncertain seat, 120; nervous organs, 175; respiratory organs, 434; circulative, 52; digestive, 72; urinary, 7; generative, 34; locomotive, 9; integumentative, 4; old age, 70; violence, 63; making total of known causes, 1263. Unknown, 83; stillborn, 44. Total 1316.

The whole number of deaths reported for the county for 1857 was 1318,—males 667, females 626, not stated 25. From zymotic diseases, 550; of uncertain seat, 125; the nervous organs, 178; respiratory, 366; circulative, 54; digestive, 61; urinary, 3; generative, 18; locomotive, 10; integumentative, 4; old age, 63; violence, 48. Total of known causes, 1188. Of causes unknown, 38. Stillborn, 32. Total, 1318.

It has been remarked that the prevalence or absence of zymotic diseases is a good index of the sanitary condition of a place. The causes of death included in this class were of cholera, 1; cholera in-

fastum, 70; croup, 42; diarrhoea, 16; dysentery, 17; erysipelas, 11; fever, 3; typhus fever, 58; hooping cough, 2; influenza, 2; measles, 7; scarlatina, 94; small pox, 5; syphilis, 1. Total, 329. Total for 1857, 359;—being 21 more than the present year. The deaths occurring from contagious diseases are much less numerous than in 1857, with the exception of scarlatina which was nearly the same. This latter disease appears to have prevailed more particularly in the northern towns bordering on the Connecticut river. Enfield reports 14 fatal cases, Suffield 9, Windsor Locks 6, and Hartford 38.

Typhus fever prevailed in Manchester during the Autumn. Many cases of a grave type are reported to have occurred. It is to be regretted that no more definite account of this epidemic could be obtained.

The number of deaths from affections of the respiratory organs is considerably greater than for 1857. In 1858 there were 334, in 1857, 310. This increase is due to consumption which has caused 219 deaths for the last year against 188 for the preceding. Pneumonia, on the contrary, produced 84 against 105.

Last year your committee called attention to the fact, that, of deaths from consumption, the per centage, based upon the number from known causes, in the towns bordering upon the Connecticut river, with the exception of Hartford, was nearly or quite double that of the more hilly portions of the country. The returns for the past year show a different result. The per centage is greater for the towns remote from the river than for those bordering upon it.

The percentage for Hartford is 12.50, for other river towns taken together 15.18, whilst for all others in the aggregate, it is 13.93, the average for the county being about 17. "Of course it is not safe to estimate the amount of sickness in a given place by the number of deaths that have occurred, or to judge of the particular forms and character of disease in this way, for the greater portion of the sickness that exists does not prove fatal," and it is not always true that the amount of mortality bears any just proportion to the number of cases of disease; still, as a general thing, "the number of deaths does bear a constant proportion to the amount of sickness, and the study and analysis of necessary statistics, in connection with other sources of information, furnishes most valuable knowledge in relation to the sanitary condition of a place from time to time."

Hartford has presented but little sickness of much severity during the past year. Most cases have proved mild and amenable to treatment. It will be remembered that the small pox made its appearance here as an epidemic in the Autumn of 1856, and continued as such

through the year 1857. Cases of this disease occurred during the first quarter of the year 1858, a few of which proved fatal. Since that time the city has been free from it.

Scarlet fever was somewhat prevalent during the earlier part of the year, generally of a mild type. As the weather grew warmer there was less of it, very few cases occurring till late in the Autumn, when it presented itself in the north-west section of the city, manifesting a more malignant character. A larger proportion of the cases proved fatal. The disease showed very little tendency to spread beyond a very limited space.

Diarrhea, dysentery, and cholera infantum were not at any time very prevalent. Cases which did occur were generally mild. The comparative freedom from this class of disorders was, no doubt in part, due to the mild weather. The season was free from extreme heat, with the exception of a few days in June, and was not subject to sudden and great changes of temperature. Copious showers of rain were not infrequent, and the streets and gutters of the city were in this way thoroughly washed and cleaned, thus purifying the atmosphere from noxious effluvia. Another circumstance worthy of notice is that there was no frost during the year sufficient to submerge the lower portions of the city and the surrounding meadows, as is usual, especially in the Spring.

There are other causes which should not be overlooked in considering the sanitary condition of the city, such as the improvement in drainage by the introduction of sewers into most of the streets, and by the raising of low portions, thus carrying off the water which formerly remained stagnant.

The introduction of the Connecticut river water, furnishing not only a pure beverage, but an abundant supply for purposes of bathing, purifying conductors, drains, &c., has unquestionably, done much for the removal of unhealthy influences.

The chairman of the health committee has by his constant vigilance and untiring labors, contributed largely to the promotion of the public health.

Dr. Warner, of Wethersfield, writes that an epidemic worthy of notice, prevailed to some extent during the first five months of the year. It was a fever of a low typhoid type, usually attended (not invariably) by pneumonic symptoms. These were often so slight as to be totally disregarded in the treatment. The subjects of it were usually afflicted by age or other causes. The disease was probably typhoid pneumonia, the other cases of fever, not implicating the lungs, being

from other causes, but occurring in connection with pneumonia, a typhoid form. The mortality was large. The remainder of the year was remarkable only for its freedom from epidemics. There was almost a total freedom from the bowel complaints, &c., incident to the warm season.

Dr. Hart of Southington, reports the number of deaths in that town for the year 1858, as follows: In January, 7; February, 3; March, 6; April, 5; May, 3; June, 5; July, 3; August, 5; September, 8; October, 8; November, 4; December, 7. Total, 64. Males, 26, females, 38.

By far the most prevalent disease is consumption, being the cause of one-third of the deaths in the town in the last year. Do you ask why is this? Answer, there are three reasons: 1st. Hereditary predisposition; 2d. Climate; 3d. Intemperate living. The last is, doubtless the most exciting cause of consumption, and of disease generally.

Dr. Moody, of Plainville, writes that the report which he makes covers a territory of about two miles square, situated upon a level tract of land, formerly called the Great Plain, in the south part of the town of Farmington, and numbering about a thousand inhabitants. He reports four deaths by typhoid fever, three of which were under Homeopathic treatment. The other case, a child of four years, terminated in congestion of the brain. One week previous to its death, its back was covered with an eruption, somewhat resembling chicken pox. The pox were filled with a dark, sanguous fluid, which burst, making the back very sore.

During the year, three cases of varioloid occurred in one family. For the first three months, diseases of the respiratory organs were prevalent; the rest of the year was unusually healthy.

There are many points of interest which should be considered in looking at the sanitary condition of the county, such as the influence upon health of different occupations, manner of living, diet, ventilation, the effect of streams, humidity and dryness of the atmosphere, altitude, management of schools, &c., which must be passed over, for lack of that information, which can only be supplied by the physicians living in the several towns. It is very desirable that your next committee may be able to present a more full report on all these subjects.

All of which is respectfully submitted.

A. W. BARROWS, M. D., Chairman.

A REPORT ON REGISTRATION.

Read before the New Haven County Medical Society, April 14, 1859.

At the Annual Meeting of the New Haven County Medical Society, held at New Haven, April 9th, 1857, the following resolutions were adopted:—

Resolved, That a Committee of three be appointed to take into consideration the present state of the healing art in this County; collect all the facts in their power, which are calculated either to promote or retard the advancement of Medical Science and sound practice, to receive and collate such facts and reports as may be made to them by individual members of this Society, and make report at the semi-annual meeting.

Resolved, That it shall be the duty of each and every member of this Society, to keep at least a brief record of all cases occurring in his practice, depending upon epidemic or general causes, and make an annual report to the above Committee, giving the number or percentage of the different diseases occurring each month, together with the particular type of each disease, the chief modifying circumstances under which it occurred, the general plan of treatment, and the result of the cases.

B. H. Cullis, L. N. Beardsley, and P. G. Rockwell were appointed a Committee on the above Resolutions.

At the Semi-Annual Meeting, the Committee were directed to address a Circular to each member of the Society.

To the Members of the New Haven County Medical Society:

GENTLEMEN:—The Committee appointed at the Annual Meeting, April 9th, 1857, to take into consideration the state of the healing art in this County, collect facts and reports from individual members, in accordance with the prefixed resolutions, would respectfully report:

That, in obedience to a resolution passed at the semi-annual meeting held Oct. 8th, 1857, they prepared and forwarded to each member in

the County, a Circular, urging upon the members the importance of making a registration of the diseases and accidents treated by them during the year 1858, with the treatment, and the result of the cases. They gave encouragement that blanks should be forwarded for the returns, but it was ascertained, after making suitable inquiries, that the expense would probably be more than the Society would willingly incur; besides, it was anticipated the State Society would provide them for the whole State.

At the Convention at Waterbury, the Secretary was directed to procure blanks from the New York State Society. It was found, on inquiry, that a number sufficient to supply each member of the Connecticut Medical Society would cost over fifty dollars, and as there were no funds in the treasury, to meet the expense, the Secretary, after consulting with the other officers of the Society, declined purchasing the blanks.

The Chairman of this Committee, being desirous of reminding the members of their duty to report their cases, prepared (upon his own responsibility) a short circular and printed heading, which, pasted upon large sheets of paper, might have answered a temporary purpose for making out returns. These were forwarded by mail to each member early in January, 1859, but the Committee regret to say that no returns have been made.

Had this plan of registration of diseases been the original suggestion of the Committee or the Chairman, we might, from the entire want of response to our appeals, be inclined to suppose that we were entirely mistaken in regard to the propriety of the measure, and conclude that it was a Quixotic scheme, too vast and capricious to be carried out in practice.

It will, however, be recollected, that this plan was recommended by a Committee of the American Medical Association, A. B. Palmer, M. D., of Michigan, Chairman, and fully endorsed and adopted by the Association.

Its practicability has been demonstrated* by the experience of T. C.

*Headings of the Register used by Dr. Beersmaide, in the Registration of diseases.

Date.	Name.	Age.	Sex.		Occupation.	Under.		Satisfy.		Relate.		Disease.	Good.	Directions.	Remarks.
			M.	F.		M.	F.	C.	F.	C.	INT.				

NOTE.—These spaces, when prepared for use, should be wider than here represented.

Brissonade, M. D., late President of the New York State Medical Society, who has kept such a record for over thirty years, and has published the results of twenty-one years, properly arranged in appropriate tables. The Committee have procured a copy of the blank used by Dr. Brissonade for his daily record, and the blank tables prepared by a Committee of the New York State Medical Society, which are before you for examination. This Committee reported at the annual meeting held at Albany, February, 1858, as follows:

"Your Committee beg leave to report in brief, that they have fulfilled the requirements of the resolution under which they were appointed, namely, to prepare and distribute a suitable form of blanks for the registration of medical and surgical statistics of this State.

"It has been gratifying to the Committee to witness the favorable reception which has been extended to the project by the medical profession of the country. Application has been made for a copy of these blanks from nearly every State and voluntary Medical Association in the United States, for the purpose of introducing the system of registration which we have adopted, into their respective organizations.

"It is to be hoped that the present favorable opinion thus expressed of the enterprise, will be continued and extended until the plan, or a suitable modification of it, shall be adopted in every section of this country.

"The subject of statistical medicine and surgery, in fact, of registration generally, is beginning to occupy the attention of the profession in a more serious manner, if possible, than at any former period; and not only has the medical profession been aroused to the importance of the subject, but in every department of science we perceive an interest awakened in its behalf."

We learn from these extracts, the state of feeling in other parts of our nation.

The complete failure of the entire profession in this County to comply with the prefixed resolutions, is an evidence, not of the folly of the measure, recommended by the National Association, but rather an evidence of the lamentable inertia resting upon the members of this Society in regard to this method for medical improvement. Members may say, we have never been supplied with blanks, and how can we be expected to make records and returns? On the other hand, it may be said, what society, what individual, will supply blanks, with the reasonable expectation that they will be thrown aside as waste paper? Let us first see a disposition manifested by the members to do some-

thing; to commence the registration, though it be in a very imperfect manner; then the blanks will be forthcoming.

Most physicians, when they commence a registration of disease, undertake more than they are able to carry out in practice, because discouraged, and give up in despair.

The record made in the blanks used by Dr. Brinsmade, it will be observed, is very brief, ascertaining only a few facts in relation to each case of disease, but when kept for twenty or thirty years, is very valuable. The physician who makes this simple daily record of every case under his cure, will be inclined to make a more full record of cases of unusual interest occurring in his practice. The blanks for this record should always be before us at night, as we sit down to make our charges for the day. If only ten physicians in this County would commence this registration, and one of their number collect and arrange them in appropriate tables, others would soon be stimulated to enter upon the good work.

The prefixed resolutions require your Committee to collect the facts which are calculated to postpone as well as retard the advancement of medical science and sound practice. With pleasure we turn to that more agreeable part of our duty. New Haven County is distinguished above all others in the State, by being the seat of an ancient and distinguished University, and a Medical College.

The large body of professors connected with these seats of learning, together with the many eminent scientific men attracted by the influence of these institutions, to settle in their vicinity, bring within our county more learned men than can be found in any other in the State.

These all have an important influence upon our profession, and the medical professors are active and efficient members of our organization, and give their influence in our favor.

It is desirable that they should understand more fully the amount and power of their influence, and exert it more frequently and powerfully for the advancement of the interest of this Society.

The establishment of railroads running in every direction from the capital, penetrating almost every town and village, rendering it comparatively very easy for each member of the Society to attend our annual and semi-annual meetings, ought to bring the whole profession together, with only here and there an exception, instead of absence being the rule, and attendance the exception.

It is the custom of this Society to appoint for each meeting two or more dissertators. This has brought out many interesting, instructive, and useful dissertations. The two read at our last annual meeting

require a particular commendatory notice, and we are happy to see them published with other proceedings of our State Society.

If all our members would attend to their appointments as dissectioners, we should have an abundance of useful matter brought before us for our consideration. But unfortunately the failures are more frequent than the performance.

Were every member of this Society fully aware of the distinguished privileges which he enjoys, and the obligation resting upon him in consequence of those privileges, we should witness more earnest endeavorers to promote the best interests of the profession.

We should find members more willing to accept of appointments upon Committees where real earnest labor is necessary to collect statistics, investigate new and dangerous diseases, collect facts and make reports in regard to sanitary reforms, meteorology, and other kindred subjects.

Notwithstanding the superior advantages we enjoy in this County, we are, in the opinion of the Committee, losing our high relative position, and soon, instead of being at the head of our profession in our State, we must take a secondary position.

Such a supposition is too humiliating to be indulged. Let us rather arouse from our lethargy, be true men, faithful physicians, and ardent philanthropists.

If your Committee have mistaken the right course for action, let others more wise suggest some more feasible and appropriate field of labor. At all events, let us by all means do something more, the coming five years, than we have the last, for the advancement of science and sound practice.

It is proper to state in this place, that the Chairman is solely responsible for this report. The assistance of the other gentlemen on the Committee was gratefully accepted in the preparation of the circular, and their aid in the preparation of this report was solicited but not obtained.

Respectfully submitted,

R. H. CATLIN, *Chairman.*

WEST MEHIDEN, April 14, 1859.

A POEM,

Read before the New Haven County Society, April 14th, 1859.

BY H. W. PAINTER, M. D.

SHADES of Parnassus! animate my verse;
We've special business and no time to lose;
Twas but this morning I received by mail
From clerk, John Nicoll, this astounding tale:
"Dear Sir: I write, (with all the usual greeting)
To tell you, at our semi-annual meeting
You were condemned to read a Dissertation
Before the gathered Sachems of our nation;"
Which, in plain English, means about like this—
Dear Sir, &c.—as our custom is,
At all our annual meetings heretofore,
To listen to some medicated bore,
We shall endure, as quiet as we can,
Your peroration on the sacred plan;
So, complimented by your kind intention,
I shall proceed some incidents to mention
In Life Professional, its joys and trials,
Its cause of bliss, its desert self-denials;
We'll talk, for once, of what we know about,
A novel theme, there can be little doubt;
And if Pegasus, as he venomed goes,
Should in his march just graze some tender toes,
Smile with the rest, if tender, do not show it,
Be sure that you and I are all that know it;
Should I, a Painter, sketch and not make hits?
Should you be cross at some particular fits?
Should not true drawing give both domes and huts?
Are not all eyes illustrated with cuts?

Let's promise them to neither fret or fume or
 Be disconcerted at a little hummer ;
 Take pleasant joms as every doctor should,
 And give your mite unto the general good.
 Now, since each poem should have one apology,
 Mine is, I think I should have learned theology ;
 The amount of scripture, in this poem quoted,
 Will prove, at once, I should have been protasted ;
 Weak eyes, which spoiled a thorough education,
 Were in my favor in the other station,
 No Parson sees, in prayer however fervent,
 How any minister can be your servant.
 In either trade (it doth not compliment us)
 I think an honest man *non est inventus* !
 Here's proof ; the sin of either man or madam
 Is all charged over to Grandfather Adam,
 Who had such load of his own sin to carry,
 To find a helpmeet, he was forced to marry !
 Here then is fraud, you can not say *id non est*,
 And next take notice how the doctor's honest ;
 From prudent motives, did you never tell
 Some trusting patient that she might get well,
 When, in your soul, you knew that she must die ?
 Now, white or black, 'twas nothing but a lie !
 Not priest, nor doctor meant to be a cheat,
 Each answers truly where he thinks discreet,
 And though, in falsehood, were they even knee high,
 Still both would plead—*necessitate rei* :

In country practice and in country study,
 Bright knowledge facts and theories get maddy ;
 On past occasions, every body knows,
 We've listened to some very prosy (ouse) ;
 'Twill swell the archives of our good society
 To have some prosy poetry, for variety ;
 And though, in pleasantry, I should abuse ye,
 I'll try my best to make the rhyme amuse ye.

Stuffed with the elements of varied knowledge,
 The new-fledged doctor rushes from the college,
 Where he had learned, to simple satisfaction,
 The certain lore of "chemical attraction,"

Of which (if all the truth must be confessed)
 Miss Bingham's pupils did attract him best !
 'Twas here he sought his "chemical affinity,"
 And found it in a little roll of dimity ;
 The "atomic theory" of "combination"
 May soon be scotched by a new relation—
 This science needs no further illustration.
 And still he glances backward to those halls
 Within whose ancient and time-honoured walls
 He learned, in days which have forever flown,
 How much, alas, how little may be known.
 Here Bronson opened, with his very bench,
 The gates of life and avenues of death,
 And gave the gaping student every key,
 To healing herbs, which open a passage free ;
 One tree, one fruit, by him was overpast,
 It grows in climes that feel no withering blast ;
 Eternal spring adorns, with ceaseless bloom,
 Igdrasyl green which buds beyond the tomb ;
 Could Bronson tell us of this other tree
 In heavenly climes, which mortal can not see ?
 'Twas but his province to describe that fruit
 Through earthly soil, that worms its carnal root ;
 'Twere strange indeed, if in his "classification,"
 Were plants without the reach of any nation ;—
 Which being the suffering body no salvation ;
 And to the doctor, sought of compensation !
 He solved the riddle of the "Golden Fleece"
 Slicker than Jason, slicker than all Greece.
 And left the impression, that within his head,
 Were worlds of good things which he left unsaid.

How was our head with modern "theory" crammed
 By its Professor, him of aspect bland,
 Who claimed a fact, when certain he had found it,
 Like saints at Jericho, by marching round it !
 Who, to defend the practice orthodox,
 Struck blows at men which would have killed us so,
 Showed every theorist where he quit the track
 And fairly tortured the pretending quack :
 Type of the Regulars ! when he said, "thus saith"—
 How trembled on my tongue my "shibboleth ;"

How slight the taint, how trifling error's leaven,
Which, from our sort excludes, and from our heaven;
We are reminded of good Jaky Packard,
Who stood so straight that he leaned over backward!
Alas! this, we venerate him yet,
And shall still our latest sin shall set,
As one who could, in spite of beef-steak dinner
Preserve from sleep our scandalous sinner;
Who overcame by wit and wealth of diction
A common tendency to this dereliction,
Who taught to wield an edge the most decided
On weapons which the others had provided.

How shall we speak of him whose silver head
We followed through those halls with reverent tread?
As when the wanderer, on the hillowy slope
Recalls the cottage where his mother sleeps,
And on his ear, through all the troubled air,
Still echoes soft his mother's parting prayer,
As memory brings, through all the present pain,
Her well-known voice and cherished form again,
So down through all life's years of pain and joy
One form, one voice time never can destroy;
Thus his whose eloquence alike beguiled
The man of science and the little child;
How oft we saw, when duty bade the task,
A woman's heart behind an iron mask;
As surgeon, faithful, as a man refined,
How taught he kindness to our youthful mind,
When, dashing by the tear that must be shed,
He cheered the sufferer on his lonely bed;
How sound his judgment, moderate his tone,
How well we learned "let well enough alone;"
Thus this dry science of dry bones like ours
Was clothed by Knight with beauty, as a tree with flowers.

Our recollections of anatomy
Are quite distinct, indeed they ought to be;
The earnest lecture and the dreadful quiz,
In which the heedless wight was sure to lie;
The nervous move, the hurried search for muscle
Which just escaped a fracture in the tibia,

The quick-jerked skeleton swinging in the air,
 Whose random toe once creaked the Doctor's hair—
 Albeit the toe was not in order there!
 Who else could give so well the fat meat homily,
 True "typhoid treatment," the best fustel "anomaly?"
 Alas, in actual life we had a type—
 With haughty look and agitated face
 A wealthy man invited us to call
 And so his wife, she was "not well at all."
 And so we went; it was a mansion great
 That proved its owner of a large estate.
 The house was furnished with the wealth of Ind,
 With all that art could make or man could find;
 Our lock-jawed pocket 'gan to lose its clutch—
 We make a bill, as is a bill, for such.
 The lady rested in a pillowed chair,
 We felt her pulse, inquired as we dare
 About her head and stomach, lungs and liver,
 And when we spoke of *lungs* she 'gan to quiver;
 Now, on the track, we asked—what do you eat?
 Are you accustomed to take much fat meat?
 We overheard the staring husband mutter,
 But on we went—do you *love*, really, butter?
 Up jumped the husband—"Sir, is it expected
 By you my pantry should be thus impeded?
 I'll let you know, young rascal, that I'm able
 To pay my butcher and then set my table,"—
 Among the rest, methought I heard him utter
 Some hasty English about "mashed butter."
 And as behind me, quick the door he slammed,
 Suggested something about "being damned!"
 The dreadful Typhoid nest appeared in turn—
 He said, "the man must eat or will run down;
 Three times a day," we left precise directions,
 "Must he be fed by nurse or by connections?"
 He died, and true as ever both have met in us
 He held the meat, firm clasped, as if by Tetanus!
 A truce to jesting—save the Professor now:
 See research, thought, conclusion on his brow;
 Witness his operations; see his knife
 Cut harmless round the avenues of life.

While, through his mind, the light of every age
Shines down on us and proves the man the sage.

What words are shall enough to picture Jereff?
I'm glad (and he) 'twas not my task to do it;
To me, through all the gloom of death, appears
The rotund form and shining face of Beers;
How rich indeed must be that perfect bliss
Which adds a smile to such a face as his?
But I was born too soon, my course complete
When, 'mid Obstetrics, Jereff took his seat;
How words and women labor to express
The fun or pain which all his thoughts contain!
Nothing my pencil or pen avails
To point his morals or adorn his tales.

Thus, through the students' eyes, you see the sages
Who arm him, just for love of him—and wages;
Yet think not Fathers, that the boys are fools
Because they hate the discipline of schools,
But recollect, would measure joys,
How few the years are, since yourselves were boys!

Our bees passed a strict examination,
How well, we leave for other men's narration;
Let it suffice, he got the sought diploma
Wishing 'twere writ by Webster 'stead of Homer;
And now, where practice, in the town or city?
To "waste his fragrance" were a shocking pity;
When the arch-demon, in the heavenly band,
Refused obedience to Divine command
'Twas thus he cheered his comrades onward driven,
"Better to reign in hell than serve in heaven;"
Thus did our hero cut the Gordian knot
Which tied his fortunes to a city lot;
Better be son of some retired system
Than star, put out by suns that wouldn't have missed him.
So open his office in a grove of trees
And spread his esign shingle to the breeze;
No quack to rival, nothing to afflict him,
He quiet waits the first incoming victim.
Male patients called, a few, not very thick,
And all that ailed them was they wouldn't stay sick!

Where were the babies, were they always well?
 Had he displeased them? how, he could not tell.
 At length one came, old, shriveled, all ached,
 It would take three such to make Death a leech;
 Said she, "I thought I'd tell," I'm glad you did,
 Quoth he, 'tis pleasant other calls amid,
 To notice now and then a lady's face,
 Somehow it comes with a peculiar grace;—
 Ghost of a smile, that o'er her malar bone
 Essayed to creep, too weak to stand alone,—
 Said she, "our girls at thirty-five and under
 Sometimes need counsel, and they often wonder,
 Supposing one of them by chance miscarried,
 How they could have a doctor yet unmarried!
 To judge of local features, as they come,
 Do not you keep a skeleton at home?"
 The doctor felt the force of the suggestion,
 Nor took him long to answer to the question;
 Three blue days passed, and then as large as life
 The doctor's household was himself and wife.

And now, as on his wedding night he laid him down to sleep,
 Without, the storm was piling snow in wild or shapeless heap,
 The future rose before his mind, rich, beautiful, and light,
 As snow-mantled palaces that rise upon the stormy night;
 All earth was clad in beauteous robe, and even the ground did seem,
 Begirt with sunshine in the haze of joyous love's young dream;
 Fair maidens danced around him or enclasped him in their arms,
 And fair world waltz his soul in bliss amid ethereal charms;
 While on his ear soft music breathed or spread in lavish waste
 Were sounds and delicious food that mortals can not taste;
 Fantastic temples rose around, beneath whose towering dome,
 Celestial beings ministered and angels made their home;
 In dream, he sought the star with a wandlet at his side,
 In dream, he kissed the beauteous girl that had become his bride;
 Now, as he passed the temple gate the bell began to ring,
 His wondering senses seemed to hear a bell in everything;
 Still at his side his beauteous bride was saying or was singing,
 Oh don't you hear, my husband dear, how loud the door bell's ringing!
 By night or day, in facts or visions fervent,
 We're everybody's most obedient servant.

But is this all? Is life so mean a thing?
 Shall it to us no higher mission bring
 Than to the slave who toils from day to day,
 And chafes the uneven thread of life away?
 Has life no lesson through the tedious years,
 But to content us with its joys and tears?
 Well might we shrink at sight of human pain,
 And feel, alas, that we were born in vain;
 But no, God's image stamped upon the man
 Is immortality; His glorious plan
 Designed that time should be the briefest dawn
 Of long eternity's eventful morn;
 And he, who spends his hour allotted here
 In love to God and love to man sincere,
 Fears not at death to bid the body rest,
 'Tis but the child upon the mother's breast;
 Aye love to man, and we rejoice to find
 The gracious Saviour of a lost mankind,
 Deemed not unworthy of his high commission
 To act the part of a beloved Physician;
 Pursued by Him, the Lord of life and bliss,
 What other calling hath a man like this?

Yet as among the seers of David's time,
 Saul with the prophets spake on themes sublime,
 Or, as among the saints before the flood,
 Job noticed Satan with the "sons of God,"
 So Science' priests hear shouting at their back,
 Like Saul or Satan, the pretentious quack:
 Whose only resource to remove life's ills,
 Is their powders or the sugar pills,
 Whose only virtue, at death's dread alarm,
 Is that he does, or says he does, no harm:
 'Tis true, his victim sometimes may get well,
 Might I the truth to such a victim tell.
 I'd speak him thus: "Though the pretender saved thee,
 Like Syriac woman, 'twas thy faith that saved thee,"
 And add, perhaps, as we have read before,
 Deluded sufferer, "Go and sin no more."

'Twere well perchance, a moment to digress
 To note the causes of the quack's success,
 Nor deem it strange if we should seem to find
 Part in himself while part are in mankind;
 And first in him a love to cheat is seated,
 Which finds in them a love for being cheated;
 While to their dose another charge we bring,
 Athenian like, they all crave some new thing;
 Even creeds which own the least of reason's fetter,
 Seem just to them and suit them all the better,
 Besides, the nostrum which his fancies make,
 Unlike our agents, are so good to take;
 The pining son or sentimental daughter
 Loves to get well on medicated water;
 'Tis sweet to think that foul disease shall stop,
 By breathing air from near a druggist's shop.

Thus crippled pace and halting footstep still,
 Must mark our path to science' cloud-capped hill:
 Youth asks of age and age returns to youth
 The yet unanswered question, "What is truth?"
 We think, we judge, infer, and say 'tis so,
 Alas, in doubt, what would we give to know?
 Socrates' pole of theory to-day,
 Besieged by facts, to-morrow melt away:
 Still let it cheer us, though all theories fail,
 "Truth is Omnipotent and must prevail."
 With arms of faith grasp we this truth of might,
 And wheresoe'er we go defend the right;
 Be true to God and to our better self,
 Nor sacrifice our love of man for self;
 Let pay who can, help all, and firmly trust
 For recompense, among the rising just.
 Thus Faith inspires with joy life's dusty road,
 And points ambition to a home with God;
 Quickens Perception till with rapturous cheer,
 Celestial harp-notes break upon the ear,
 Opens to our mental eye the blissful goal,
 And paints upon our sky the Rainbow of the Soul.

CASE OF COMPLETE LACERATION OF THE PERINEUM.

Successfully operated on by Orono Wood, M. D., and read by him before the Toland County Medical Society, at their annual meeting in April, 1858.

Nov. 12th, 1857, I was called upon to visit Mrs. E., a stout, fleshy, robust woman, aged 25 years. She informed me that six weeks previously she gave birth to a child, (her first) and that at the time of its birth she was "torn open," and ever since that time she had no control over her bowels, to retain either fecal matter or wind; that the wound threatened to protrude externally if she exerted herself when in an erect position. She wished to know if anything could be done to relieve her of her miserable condition. Her attending physician had left her, telling her, "it would grow up in time."

On examination, I found the perineum completely lacerated to the anus, and the external sphincter and muscle so nearly torn through as to be of little or no use in constricting the anal orifice. I told her that it would never heal up of itself; that nothing short of a tedious operation would relieve her of her miserable condition, and that she must make up her mind either to submit to the operation, or go through life in her present condition, with the additional trouble of having her womb come down externally if she used much laborious exercise.

After explaining to her the nature and extent of the operation I proposed, at the same time encouraging her with the prospect of a perfect cure, she was anxious to have it performed. I advised her to have the operation postponed until after the third month from the birth of the child, so that the parts shall have recovered themselves to be capable of undergoing the necessary denudation, and be sufficiently strong to hold the sutures.

Dec. 23th, 12 weeks and five days from the birth of her child, I was informed that she was ready for the operation, and accordingly proceeded to do it. The bowels having by a laxative and enema been

previously emptied, she was seated upon a table and put under the influence of chloroform. She was then placed in the same position as for lithotomy, and the bladder emptied. While an assistant seized one of the labia so as to make it tense, I made two parallel incisions with a scalpel $\frac{1}{2}$ of an inch apart, and equal to the fissure in length, through the skin into the cellular substance, the inner incision passing along the inner edge of the fissure. The next step was to dissect up the skin between these incisions, so as to make a raw surface of at least $\frac{1}{2}$ of an inch wide. A similar operation was next performed on the opposite side. Next, the mucous membrane of the recto-vaginal septum was carefully pared away. The denudation was now made perfect throughout the whole extent of the fissure. Not the smallest remnant of skin or membrane was left on the parts intended to be united.

This part of the operation being completed, the next step was, with fore-finger of the left hand in the anus for a guide, to introduce a blunt pointed bistoury into its margin, and then with a firm and quick incision I carried the bistoury outward and backward towards the os coccygis, making the incision about two inches in length, and deep enough to divide the skin, subcutaneous areolar tissue, and the sphincter ani muscle. A similar incision was next made on the opposite side so that the sphincter ani muscle was completely divided on both sides of the anus, which incisions were in the form of the letter V.

I next proceeded to insert the quilled sutures. With the thumb and finger grasping firmly the left denuded surface, a strong needle armed with a double thread of stout twine, well waxed, was plunged through the skin and subjacent tissue, an inch external to the pared surface, and thrust downwards and inwards beneath it, until its point reappeared on the inner edge of that surface: it was then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and outwards, until it escaped at a point equidistant from the external margin with that at which it entered on the left side. Two quilled sutures were thus introduced, the first one was passed as near the rectum as possible without injuring it. A quill was then introduced through the loops of the twine on the left side, and on the right side the ligatures were cut from the needles, parted, and tied over the quill on that side, after having drawn the parts firmly together. The quills used were pieces of gum elastic catheter, which answered the purpose well. To bring together the outer margins along the line of the skin, I inserted interrupted sutures superficially. The parts were then well cleansed by

sponging with cold water, and lint soaked in the same was applied over the wound, and over this a napkin, kept in place by a T bandage. The patient was then laid in bed on her side, her knees tied together, and her limbs flexed. She now asked me when I was going to begin the operation. She had been entirely unconscious of its performance.

Two grs. of opium were now given, and gr. i. to be taken every 4 hours. The parts to be kept constantly wet with cold water.

Dec. 26th. Visited her early this morning. She had a restless night—vomited twice. Passed catheter and drew off the water. Diet, arrow root; allowed to drink cold water, and to hold ice in the mouth. Was sent for this afternoon. She had vomited severely, so as to strain on the stitches. Morphia, with Poudre Aconas for the Opium. Dried herring and crackers for food. Urine again drawn off. In doing this, the greatest caution was used to prevent any water from dribbling into the wound or vagina. Owing to the position she was accessorially kept in—on her side—the catheter had to be passed from behind. She was expressly charged not to let any urine be discharged except by the catheter. The quantity of water drawn off in the morning was a pint; in the evening about half a pint.

27th, morning. Found she had a comfortable night; no vomiting since commencing with the Morphia and herring. On passing the catheter this morning, a little bloody mucopurulent matter came through the instrument, but no urine. She had no desire to pass any. I syringed a little warm water into the bladder to rinse it out three times, the last time the water returned clear. I now learned for the first time that she had had several times since her confinement thick bloody matter pass from her bladder, and but a short time, too, previous to the operation. The meatus and urethra were very sensitive. Perineum oedematous; continue morphia and food; cold water unremittingly. Evening. Patient feels comfortable. No urine could be obtained, but matter came through the catheter similar to that which passed in the morning. Applied to the meatus lint soaked in a solution of Acon. Poudre.

28th, morning. Slept well last night. Expressed a desire to pass urine; passed catheter; nothing obtained but a teaspoonful of purulent matter—not bloody; begins to complain of uneasy sensations across the hips, back, and lower limb of the right side. Has been turned alternately on each side two or three times daily, though I preferred that she should remain quiet in one position on her side, but this she could not be persuaded to submit to. Wound looks well, as if the parts were uniting; has less appetite; does not wish for any

under hearing; pulse good; complains of head feeling bad. She drank some new cider last night, which threatened to move her bowels, and she immediately took 1 gr. of opium, left her to take in case the bowels threatened to move. It quieted them; continued to take the morphia and lead every 4 hours.

Ordered the Pipsisera and Pampolis Seeds in decoction, to be drunk freely.

29th. Did not see her last evening; had left the catheter with the nurse; instructed her in the use of it, with directions for her to pass it should the patient express a desire to void her urine. She had tried two or three times without obtaining any. There appeared now to be an accumulation of water in the bladder, considerable distention above the pubis, and a strong desire expressed by the patient to pass it; she was uneasy, restless—pulse 108. Both metallic and flexible catheters were passed, warm water syringed into the bladder, which returned through the instrument in a full stream, at first bloody, with mucus. This was repeated until the water returned clear. She thought if I would allow her to do so, she could pass her water by her own efforts. As no urine had been obtained for more than 42 hours, I consented to let her try. Rolling her over partly upon her face, so that the urine could not dribble into the wound, she was allowed to make as much effort as she pleased. After trying awhile without success, she thought she could, if left alone. I left her with the nurse, when she continued further fruitless efforts, until she voluntarily relinquished any further efforts to pass it. I left her about $\frac{1}{2}$ past 11 A. M. with a flexible catheter remaining in the bladder. Returned at 4 P. M., and was glad to find that a large quantity of water had come away, and the bladder appeared to be emptied, and she was much relieved.

30th. On my way to visit the patient this morning, I met her husband who requested me to hasten to see his wife as she was in distress. I found her complaining of pain through her hips, extending down her thighs to her knees, and feeling a strong desire to urinate. She said she had passed quarts of water during the night, which she allowed to be passed in a kind of half prone position, to prevent it from coming in contact with the wound. It was received on napkins, which were stained bloody. I questioned her if the hæmorrhæa had not returned. She was sure not, for she said there was no bloody discharge except with the water. I passed the catheter and drew off a full pint of water tolerably clear,—rinsed the bladder with water, and also the vagina. Immediately she became easy—pain in hips and limbs gone,

and felt that she could now go to sleep—pulse 106. Removed one of the interrupted sutures. The quilled suture near the urethra had, during her restless state, been accidentally pulled upon by her hand so as to stretch and disturb the parts which it held together.

Discontinue the diuretic decoction. Continue morphia and lead—To take 3 or 4 ounces of wine daily.

31st. Found her lying upon her back with her knees bent up. She had been requested to keep on her side, which she had done up to this time, though frequently changing sides by being carefully rolled over in bed, her knees being still kept tied together. Has not passed urine since I drew it off yesterday morning. Nurse had made several attempts to draw it off but failed, and she could not pass it by any effort of her own. I turned her upon her side and drew off a half pint, high colored, but not bloody. A little greenish matter was lodged between the vulva before the os. Removed the remaining interrupted suture. Continue morphia without the lead. Spts. Nitre to be taken.

Continued to do well till discharged on the 25th.

25th. The hole through the perineum is nearly closed. She would not submit to have the caustic applied again. Applied the acetum cantharis again. Direct her to use it every third day until it closed up, which it did in a few days after this.

She expressed herself highly pleased with the cure, and says her recovery is perfect in every respect.

REMARKS.

Had I known the unusual condition of the urethra and bladder at the time of the operation, I should have proposed to delay it, until the parts became sound. It caused much trouble in the after treatment, endangering the union of the wound. I deemed it essential to prevent any urine passing to the wound, as it would if it got between the cut surfaces most likely have prevented their union. Brown says "it is of great importance to draw off the urine every four or six hours for three or four, or more, days after the operation." In this case it could not be attended to so often. The distance (2 miles) I resided from the patient, made it impossible for me to attend to it so often, and the nurse, who was instructed to do it, did not succeed, owing in a great measure to the diseased and sensitive condition of the urethra, and the unfavorable position in which the patient had to lie.

The constant application of cold water dressing was very agreeable to the sensations of the patient, and she often called for their renewal.

It will be perceived from the history of this case, that special attention was paid to keep the bowels constipated until the parts had become so firmly united as to prevent their being torn apart by the passage of fecal matter. From inattention to this important point, and allowing discharges from the bowels too soon after the operation, disruption of the union of the parts has been caused, and the whole benefit of the operation frustrated. In this case they were not allowed to be moved until the 14th day after the operation; and even then, she felt a sensation of tearing in the wound, on the passing of some hardened feces, but I think it did no essential injury, as the union was now pretty firm throughout the whole extent of the wound, except the small opening near the rectum.

Whether the small opening was caused by the accidental pulling or "citching" (as the patient expressed it,) with her hand "upon the lower end of one of the quills, or from the great difficulty of making that part of the fissure unite by the first intention, I am unable to say. This accident happened during the restless night that she discharged so great a quantity of water in the bed upon napkins which, as mentioned in the history of the case, were much stained with blood, and was the 8th night after the operation. It may well be supposed that some of the urine did come in contact with the wound, and was insinuated between the lips of that part which she disturbed so as to prevent or break up the union of it. In examining the parts, next morning after the accident, the end of the quill near the anus was pulled up from the bed in which it had lain, the deep suture in that place appeared to have been disturbed, and a little purulent matter appeared at that part of the wound. I am the more particular in stating these facts because the manner in which this operation was performed has, according to the statement of Brown, most generally in his hands, (though not in every instance,) resulted in a perfect union of the entire perineum by the first intention. When there has been a failure with him it always has been at the place it was in this case.

DIVISION OF THE SPHINCTER MUSCLE.

It may, perhaps, be asked, why I divided the sphincter ani muscle, on either side from the anus toward the rectum? I will not here go into a lengthy discussion on this point. A few facts stated will, I hope, make the reason obvious. From the uncertain, and most frequently, unsuccessful results of the operations heretofore devised, the opinion of surgeons in England has, until quite recently, been to atan-

don these cases to the operations of nature, to narrow the parts as best it might, which has generally left the unfortunate subjects of it to pass through life, in cases where the laceration was complete, in a very miserable condition, which can well be imagined, but which I will not now take time to describe.

Dr. Robert Barnes says, "I believe that no amount of skill and precaution will justify the surgeon in the majority of cases, in looking for perfect union by means of any of the suture in common use. He claims to have succeeded in *one case* by means of the lead suture invented by Mr. Bloske. Mr. Ferguson succeeded (in 1850) in *one case* with the interrupted suture, and by adopting Dieffenbach's plan in making parallel incisions in the long diameter of the perineum, and filling them with dry lint. In his second case, he succeeded but partially.

To say nothing of Hilton's operation, which he seems to have abandoned, Mr. Langenbeck, in three cases reported, succeeded in making complete union in *one case* by the first intention, and in two cases the central portion of ure was open four or five lines in length with sup-puration; and the other, the wound about half an inch posteriorly. These were eventually closed by granulations. In his operations, flaps were dissected up, and Dieffenbach's incisions made.

In the case which I have reported, the operation was performed in the manner recommended by Brown in his recent work on Surgical Diseases of Women. He there strongly advises the division of the sphincter muscle; and his cases, of which he has had many, have mostly resulted in complete union by the first intention. Some few cases have partially failed, by a small opening near the rectum, as mine did. In one case where he divided the sphincter only on one side, it partly failed. He afterward divided it on the other side and it succeeded.

By freely dividing this muscle, the parts are relaxed, which allows the sides of the fissure in front of the anus to be more easily approximated, and prevents them from being drawn apart by its traction.

I am aware that Horner * failed entirely to secure a union of the parts in which he operated on in 1848, although he divided the sphincter and muscle. But he used only the interrupted suture. He says "the operation was a failure, though the bowels had been kept unop-pened for many days." He says nothing about the urine. If that was

* *Am. Jour. Med. Sciences*, No. XL, page 629, New Series.

permitted to come in contact with the wound, it would, most likely, have prevented a union of the parts.

If the operation is well performed in every respect according to Brown's method, and strict attention paid to the after treatment as recommended by him, a perfect union of the parts may be effected, I believe, in every case, even of the longest standing, provided no untoward accident happens to the patient, to prevent it. Cases are reported by Brown of ten, fifteen, and more years standing, in which he made perfect cures. Any small opening that may be left after the union of the greater part of the fissure, can be healed by granulation, as it was in the case I have related, and the unfortunate subjects of this accident be thus relieved from an otherwise miserable existence.

P. S. It may not be improper to state that the laceration was caused by the neglect, or rather mismanagement, of the attending physician. All that he did in the last expulsive pains, (as I was informed by the mother,) was to use pressure on the abdomen with his hands.

A BIOGRAPHICAL SKETCH

OF

PROF. TIMOTHY P. BEERS, M.D.

BY PROF. JONATHAN KILCHY, M.D., OF NEW HAVEN.

TIMOTHY PHILIPS BEERS, the son of Deacon Nathan and Mrs. Mary Beers, was born in New Haven, December 23, 1789. He graduated at Yale College, September, 1808. He pursued his professional studies in this city, under the direction of Eli Ives, M.D.; attended a course of lectures on medicine in the University of Pennsylvania, during the winter of 1811-12, and commenced the practice of his profession here, in the spring of 1812. In the summer of 1815, he was appointed Surgeon of a regiment of Militia, under the command of Gen. Hancock Howe, and with it was stationed, for several months, at New London. With this exception, and during a severe sickness about forty years ago, he has not probably been absent from New Haven, nor interrupted the performance of his professional duties for a period of more than two weeks at any one time.

In 1824, he received the Degree of Doctor in Medicine from Yale College, upon the recommendation of the Connecticut Medical Society.

He was appointed a Professor in the Medical Institution of Yale College, in the year 1830, and performed the duties of this office in an acceptable manner, until his resignation of it in 1856.

After a short but distressing sickness, he ceased from this life on the 25th of September 1858, in the sixty-ninth year of his age.

His death at the time it occurred was unexpected. * "Looking upon the hale and hearty face and form of Dr. Beers, one on which nearly three score years and ten had made little impression, and especially when we remembered the great age of both his parents, and of many other of his relatives, we expected for him many years more of life. Who thought that he would die before his mother, now in her ninety-sixth year, and who now must look in vain for his daily visit of filial kindness?"

*From Rev. Dr. Dutton's Address.

Yet Dr. Beers had not the same reliance on those apparent promises of long continued life as we had; as is seen by his reference to the death of a friend, which was strikingly coincident with his own. At the last Commencement of Yale College, the class of which Dr. Beers was a member, celebrated the fiftieth anniversary of their graduation, in a meeting at the house of their classmate, Hon. Ralph T. Rogers, of this city. After the meeting was over, a classmate and family friend of Dr. Beers, who accompanied him home, said to him, "Doctor, we were all agreed that you were the youngest and healthiest looking of the whole class." "Yes," responded Dr. Beers, "and as we said at our last meeting, ten years ago, of Joseph Bellamy, and in two months he was dead!" Now, in just two months from that time, *Dr. Beers is dead!* Oh! there is no relying on the appearances of health and strength. Dr. Beers knew it, and felt it. We should all feel it, as well as know it. No age, no vigor, exempt from liability to death. Often the strong are taken, while the feeble are left."

Dr. Beers was twice married. His first wife was Caroline, daughter of Isaac Mills, Esq., and the second, Mary Ann, daughter of Mr. Hanover Barney, both of this city. Two sons and three daughters, all children of his first wife, are still living.

These few events convey no impression of the life or character of Dr. Beers. His whole life has been marked by the entire, uninterrupted, and unselfish devotion of all the powers of his body and mind, to the performance of his professional duties. From these duties, he never suffered himself to be seduced by the love of ease or pleasure—by the desire of gain—by the pursuits of ambition, or by any other worldly object. He was repelled from them by no dread of labor or fatigue, by none of the surroundings which accompany disease in the shadow of poverty or vice, or by any apprehension that his services would not be duly appreciated or rewarded. Whenever and wherever his services were required, they were cheerfully and faithfully rendered.

For the performance of his professional duties, Dr. Beers had many well marked qualifications. Prominent among these was his entire integrity of purpose towards his patients. His sole object in all his intercourse with them, in his advice, and in his medical treatment, was to do them good. In all this he had no regard to any selfish end, whether of emolument, reputation, or any other personal gain; this integrity of purpose was so marked, and so uniformly shown in his conduct, that it was never doubted.

In the performance of his duties, he was much aided by a constitutional equanimity of temper, which remained unruffled amid all the perplexities and annoyances which so often beset, and not unfrequently harass the medical man beyond all ordinary powers of endurance. Trials of this kind were met by him, and dismissed of their sting, by a calm serenity which told how little he regarded himself in comparison with the feelings and the welfare of others.

Dr. Boers was eminently a benevolent man. Not many men made fewer professions of benevolent intentions, or their consequent actions than he; yet his whole life was full of the working of a kind heart and a liberal hand. What amount of labor was performed, fatigue endured, pecuniary aid afforded, professional skill exerted in behalf of those from whom no earthly recompense was expected, cannot be estimated; and the readiness and cheerfulness with which these services were rendered, added ten fold to their value. For all these services of love, the blessings of many ready to perish, will rest on his memory.

To these qualities were added others, which especially endeared him to all with whom he associated, whether as patients, friends or relatives. At all times, and under all circumstances, whether in the chamber of sickness, or in the family or social circle, he was a frank, sincere, cheerful man, without disguise and without hypocrisy. It was the manifestation of these qualities, in his manner, in his countenance and in his genial, sympathizing words, which mingled a ray of light with the darkness of the sick room, and which often left hope and cheerfulness in the place of despondency.

It was this frankness and truthfulness which inspired those who were under his care, with that abundant confidence in him which he so liberally enjoyed. No one ever doubted that any opinion which he gave was honestly formed, and truthfully expressed, or that any advice from him was for any other purpose than the benefit of him who sought it. It is a matter therefore of no surprise, that his patients and their connexions should be his strongly attached personal friends, or that he should have been the chosen physician of many families for generation after generation, beginning at the early period of his practice, and continuing to his death.

Of his relations to the community at large, it is sufficient to say, that he aspired to ask sought for nothing beyond the limits of his profession; he felt that to acquire a competent knowledge of this, and to perform the duties of one occupying a high position in it, was suffi-

cient for him, and with the rewards of a life thus devoted, whether of emolument, of reputation or of social position, he was satisfied.

Of his professional attainments as a physician, little need be said. That he enjoyed a high reputation for professional skill in an intelligent community; that this reputation was maintained for almost half a century; that this popular opinion has been at all times confirmed by the high estimate in which he has been held by his professional associates; all these things testify that he was fully qualified to fill the high position which he occupied.

In one branch of his profession, *Midwifery*, Dr. Beers especially excelled. His attention was particularly attracted to this subject, while a student in Philadelphia, by the admirable course of instruction of that eminent practitioner and lecturer, Wm. P. Dewees, M. D. By the continued study of all the books upon this subject, within his reach, by much reflection and by large experience, he became familiar with it in all its details, and was confessedly at the head of the profession in this department. His practice in it began early in his professional life, and continued till his death. At one period he attended, as it is believed, more than half, probably two-thirds, of all the cases of labor in this city, and during his life a larger number than any other practitioner in this state. He devoted much attention also to the diseases of women and children and became expert and judicious in the treatment of them; so that, while his professional services were not confined to these branches, they made up a large share of his practice.

While attending upon ordinary cases of labor, Dr. Beers was always calm, patient and cheerful, thus gaining the confidence and good will of his patients, and inspiring them with the assurance of their safety, and dispelling that despondency which is so apt to accompany long continued suffering. In those cases which demanded more active treatment, whether instrumental or otherwise, he was skillful in devising and prompt and energetic in employing them. For many years he was the principal consulting physician in all cases of difficulty, in this city, and the neighboring towns; and he will long be remembered for the judgment and skill which he displayed in their management.

When it was determined to establish a separate professorship on *Midwifery* in the Medical Institution of Yale College, no one doubted that Dr. Beers was the man for the place. He received the appointment in 1839, and performed the duties of the office in an acceptable manner until his resignation in 1855. For the performance of these

duces, he prepared himself with diligence and skill. His lectures, except such as were merely demonstrative, were written out in a plain, simple, and intelligible style, with no attempt at ornament or display, and contained all the principles and practical rules which were important to the student, at the same time it should be said, that owing to a modesty and want of self-appreciation, almost amounting to timidity, there was at times a hesitancy in his manner, through which his instructions failed to command that attention which their merits deserved.

If there was any thing peculiar in the character of his mind which guided him to the successful treatment of disease, it was a careful estimate of the facts connected with disease, a ready recollection of his previous observations, a familiar acquaintance with the great principles of medicine, and all these made available by the exercise of plain common sense, unobscured by any theoretical notions, and unobstructed by prejudice, or by the influence of any selfish or unworthy motive.

To all these excellent qualities, whether natural or acquired, there were added the virtues, the faith and the hopes of a Christian. Sustained by these, he led a blameless life before men, endured the trials which happen to all, with fortitude and patience, and passed through the sufferings of sickness and the agonies of death, with the fully expressed confidence in Him in whom he believed.



A BIOGRAPHICAL SKETCH
OF
BELA FARNHAM, M.D.,
OF EAST HAVEN.

BY PROF. JONATHAN KNIGHT, M. D.*

It is delightful to contemplate the life and character of a sincere, simple-hearted, earnest, ambitious man, selecting a profession in early life, because he believed he could do more good in it than in any other, pursuing it through a long life in a steady, quiet, benevolent, unostentatious manner, performing at the same time, with diligence and integrity, all his duties to the family, the community in which he lived, and to God.

Such a man was the late Bela Farnham, M. D., who for about sixty-four years, was the sole resident physician in the town of East Haven.

BELA FARNHAM was born in Killingworth, in this State, March 12th, 1770. His father was a respectable farmer of that place. "His ancestors were of the true Puritan stock, of the best kind, who regarded and exemplified religion as a thing of daily practice, influencing the character, shaping the life, and cherishing an habitual converse with, and realization of eternal realities." Having been rendered incapable of severe physical labor by an injury received in youth, he turned his attention from agricultural pursuits for which he had a fondness, to the medical profession, as the business of his life.

His early education was pursued in the common schools of his native place. That he made good proficiency, is probable, as he was, when quite young, employed as the instructor of the district school in his neighborhood. His instructor in Medicine, was Dr. Jonathan Todd,

* Nearly all the facts here stated are derived from a discourse delivered at the funeral of Dr. Farnham, by Rev. D. W. Haven. Several quotations from the same discourse have been made, which are marked as such.

of East Guilford, now the town of Madison. Of the time during which he pursued his professional studies, or of the progress which he made in them, very little is known.

In January, 1793, Dr. Farnham, then twenty-three years old, commenced the practice of his profession in East Haven, and remained there, the only resident physician of the place, until his death, January 15th, 1857, a period of sixty-four years, he being then in the eighty-seventh year of his age.

Dr. Farnham was an early member of the Connecticut Medical Society, and was many times chosen one of its Fellows. In 1829, the degree of Doctor of Medicine was conferred upon him by the President and Fellows of Yale College.

He enjoyed the full confidence of his fellow-townsmen, and was employed by them in many offices of trust. For forty years he held the office of town clerk; for many years he was a school director, member of the examining committee, and treasurer of the school society.

The most of these offices he continued to hold until advancing years admonished him that they should be committed to younger hands. He was elected a member of the Convention which formed the present State Constitution in 1818, and several times afterwards represented the town in the State Legislature. The duties of these various offices he performed to the satisfaction of his constituents, and with unquestioned fidelity and integrity. For about twenty years he was deacon in the church of which, for many years, he had been a member.

It is as a physician, however, that we are at present more especially interested, in the life and character of Dr. Farnham. From the beginning of his professional life he confined himself strictly to the practice of medicine, never engaging either in surgery or midwifery.

He possessed many qualities well calculated to gain the esteem, the respect, and the confidence of those with whom he associated.

In person, he was of medium stature, slender, but symmetrical in form, and perfectly erect in his carriage, not bowed down by the weight of more than four score years. His countenance was serene and cheerful, unmarked by the frowns of the stronger passions. In his manners he was cordial and gentlemanly; in speech, careful and deliberate, expressing what he meant in plain and simple language, without expletives and without exaggeration. In the sick room he was always kind and cheerful, encouraging his patients with the hope of recovery,

so long as hope remained, and soothing the dying by directing their thoughts to the realities of another world, with the earnest, fervent prayer that it might be to them a world of happiness. He was very attentive to his patients, especially those with acute diseases, spending much time with them both by night and day, and this practice he continued even after his advanced age might have afforded, in the eyes of others, a sufficient excuse for more self-indulgences. "The last duty to others which he performed, was to visit, on the stormy evening of the night when the fatal sickness seized him, one who was then supposed to be fast sinking into the grave."

In early life, Dr. Farham read the current medical books with attention, for he spoke of their doctrines and practice in such a manner as showed his familiarity with them. His knowledge of the changes in the modes of practice, and in medicines, which have taken place during the last forty years, and which are called improvements, he derived principally from those physicians with whom he had professional intercourse. It is rare to find an aged physician, whose habits of thought and methods of practice usually become unchangeably fixed, so readily receive and skillfully adopt, a remedy or a course of treatment which was new to him, when recommended by those in whom he had confidence. This trait in his character, is a mark at once of his sincerity and integrity.

The practice of Dr. Farham was rather expectant than vigorous, calculated rather, by mild and gentle remedies, to carry his patients safely if possible, through their disease, than by more active means to attempt to interrupt its course, with the danger as he thought, of endangering and perhaps destroying them. It is a matter still in doubt, whether the course which he pursued is not the wisest; producing, it is true, at times, less brilliant results, but perhaps so many favorable terminations of disease.

This method of practice was in entire accordance with the whole character of Dr. Farham. Prudent and cautious in forming his opinions and in executing his purposes, he would hesitate long before adopting measures from which he apprehended injury, without being confident of their good effects. His estimate of the value of life and health, was too high to allow him to employ violent means, the favorable effects of which he could not clearly foresee. At the same time, when such means were advised, and reasons satisfactory to him were given for their use, he would employ them resolutely and judiciously. While no friend of Dr. Farham will claim these high attributes of mind, or that extensive learning by which improvements in science

not made, or great notoriety was obtained, all will agree that he fully accomplished the purpose for which he entered the profession, "the earnest desire of accomplishing all the good in the world which God had endowed him with the ability of effecting," as he often and no doubt truthfully said.

"The social and domestic life of Dr. Farnham was stamped with great excellencies. His domestic affections and habits were especially strong and tender. His whole heart was centered in his home; and all, whether young or old, who saw him there, carried away with them a strong impression of the unaffected kindness of his heart, and of the reality and depth of his piety."

"It was a prominent and beautiful element in the social character of Dr. Farnham, that he always manifested a great interest in the young. A large portion of his success in his profession was achieved among this interesting class. No child could pass him in the street without a kind word or smile of recognition. And it always afforded him the highest gratification to minister to, and witness their innocent enjoyments.

"Another, and very important feature of Dr. Farnham's social character, consisted in the fact that in his spirit, his feelings, and manner of life, he always kept abreast of the period in which he lived; in other words, he always 'kept up with the times.' During his protracted life, he had witnessed many changes, some of which were for the better, and some for the worse. The latter he carefully discriminated and left alone, the former he adopted. In the whole ten years' acquaintance it has been my privilege to enjoy with him, I do not recollect a solitary instance of his having dwelt upon the superiority of the past over the present; or what is so often characteristic of the aged, I never heard him mourn for the degeneracy of the present generation. He believed that an all-wise and all-powerful God ruled in the earth, and that the world in which we live was neither standing still nor going backward.

"In endeavoring to give a brief portraiture of the religious character of Dr. Farnham, we feel less embarrassment. Here not the shadow of a doubt can rest upon the subject. There was something in his piety, the brightness of which age could not dim, and whose beauty death can not destroy. It was the crowning excellence of his character. He was known and read of all men, as an humble, consistent, prayerful man of God, and follower of the Lord Jesus Christ."

A BIOGRAPHICAL SKETCH
OF
DR. ROSWELL BRONSON,
OF OXFORD.
BY F. A. ROCKWELL, M. D.

DOCTOR ROSWELL BRONSON, of Oxford, Conn., whose untimely death his numerous friends and professional brethren were recently called to mourn, was a native of Middlebury, Conn., the son of Garry Bronson, a farmer in moderate circumstances, who died when Roswell was at the age of fifteen.

His early life was mostly spent upon the family farm, with the opportunities for attending district schools during the winter months. He grew up with industrious habits, ardent and persevering in whatever he became engaged. His advantages for education from necessity being circumscribed, he was early taught to build up resources of his own, in order to enable him to mark out a course for future life. He was the class of men which seems to defy and almost to invite obstacles in the way, rather than to be disheartened or depressed by them.

He early evinced a fondness for reading, and employed whatever of leisure time he could command in this way. By economy and industry he accumulated, as the result of labor on the farm, a scanty supply of means to enable him to obtain an education. After arriving at the age of eighteen, he devoted most of his time to study. He attended Phillips Academy, at Andover, Mass., but most of his preliminary education, which was not inferior, he wrought out by himself, without the aid of instructors.

At the age of twenty-one, he commenced the study of medicine in Middlebury, under the tuition of Doct. Robert Crane. He attended

medical lectures at Berkshire Medical College, in the years 1847, 8, and graduated at the above named College in the year 1849. He spent at the hospitals in New York City most of his time during the following year.

He commenced the practice of his profession in the town of Putnam, R. I., where he remained but a short time, after which he removed to Oxford, and soon came into possession of a large practice.

He was married to Miss Martha Butler, a lady from Cromwell, Conn., by whom he had one child, which has since died.

Doct. Brownson was enthusiastic in his devotion to the profession of his choice, methodical in his researches, and critically logical in his practical application of all the knowledge he obtained. Scarcely has the writer of this sketch met with a young physician of the few years experience of the deceased, who possessed so many clear, well-defined principles governing his treatment of the sick. He was constantly in search for truths, not hypothesis, in all of his investigations; nothing seemed to satisfy his active mind, in relation to medical study and practice in particular, short of marked facts. It was his peculiar characteristic of mind to reason and rely mainly and wholly on facts. His first inquiry in diagnosis and in prescribing medicines, was for the relative facts in the case and their application to it—without these were made clear and unambiguous, he was ever loath to act. His mind was so well disciplined to this mode of reasoning and investigation, that he was as ready to act in cases of emergency as most men of much larger experience and more extensive observation. It made him reliable and safe in his practice, neither withholding remedies when necessary, nor administering when unnecessary. He had no inclination to borrow from the marvelous, or to imitate the humblous. Truth was the philosopher's stone for which he was always in search; hence hypothesis, speculation, empiricism, never interfered with his judgment—a principle once established, it was laid up on the shelf of memory, to be taken down whenever needed.

Doct. Brownson never neglected any means of information that came within his reach. (From the authors he sought with the humble-mindedness of a child, yet with the eye of a full grown critic.) From all well informed medical men, whether young or old, he seized with avidity each opportunity to learn. He was unassuming in his toll, self-sacrificing in duties; located where immense hardship was required to perform his every-day duties, he made it a principle to allow nothing to interfere with the discharge of them. He conversed with ease to himself and interest to those who participated or listened. He

was courteous and kind to his equals and inferiors, respectful to his superiors. He was social and exceedingly domestic, fond of conversation, yet never wasting time in that which was useless or unprofitable. He was delicate in his sensibilities, ever grateful for kindness, and sensitive to abuse. He was ever ready to contribute his wife to assist those who were in need; affectionate in his family, and among a large circle of near and remote relatives he was the general favorite. He was decidedly beloved in the community in which he lived; never has it fallen to the lot of the writer to witness more heartfelt grief by a large congregation than was manifested by that one in attendance at his funeral.

Another characteristic which marked him both as a man and physician, was modesty in every respect. This contributed much to the just esteem in which he was held.

To his aged mother, who resided six miles from his place of residence, he was all that a mother could ask of a son. Frequently and at short intervals were his visits made to solace and comfort her by manifesting his filial interest, and no amount of fatigue, short of actual sickness, would permit him to neglect this kind office.

He was an active friend to all valuable interests of society, whether religious or secular. To sum up, in short, he was a man of sound judgment, and good practical common sense.

Had Doct. Benson lived to the ordinary age of man, we believe he would have been a shining light in his profession, but like many others of the past and present, he was too much devoted to his noble calling to remain long upon earth. To a naturally weak constitution, and some hereditary troubles, the addition of his severe labors from childhood proved more than he could physically withstand.

During the winter of 1855, while attending to his practice, he contracted pneumonia, which in one week's time caused his death. In his death, as in life, he was cheerful, thoughtful, and resigned. He died the 14th day of December, 1855.

A BIOGRAPHICAL SKETCH
OF
DR. EDWARD FIELD,
OF WATERBURY.
BY F. G. ROCKWELL, M. D.

DR. EDWARD FIELD, of Waterbury, Conn., was the son of Dr. SIMON FIELD, a respectable practitioner of medicine, who removed from Longmeadow, a town near Springfield, Mass., to Enfield, Conn., where the subject of this sketch was born.

Of the childhood and early youth of Dr. Field little is known. At the age of 12 he commenced the study of medicine under the tuition of the late Dr. Cogswell, of Hartford, Conn. Having completed his preliminary medical education, he obtained a license to practice his profession from a committee acting in behalf of the Hartford County Medical Society. His inclinations and tastes, at that early day, led him to seek a situation in the naval service of the country. He was successful in his application and accordingly received the appointment of surgeon's mate in the year 1799. The commission of appointment, which is still in the possession of his children, bears the broad, bold signature of the elder President Adams. Soon after receiving this commission, he was stationed on board the new frigate Congress, which was directed to cruise about the East India Islands; but before arriving at its destination it experienced a serious storm, which so disabled the vessel, that she was obliged to return after a slow and irksome voyage of months.

The craft was repaired and ordered to the West Indies. During this cruise an affair of more serious nature occurred than that of the former voyage. A mutiny broke out in which the Dr. became crippled in one of his arms for life. These discouragements in succession

(doubtless) abated the ardor of the young surgeon for a life in the navy, for we find him at the end of two years from the time he received his commission, voluntarily resigning the same. After this experience, Dr. Field decided to practice his profession on land. He accordingly located in the then small town of Waterbury, a town which at the time he became a resident therein, was made up of sparse population and was not over abundantly able to compensate a physician for his services. The region in and about Waterbury was rough and mountainous, requiring great labor and toil to discharge the duties of a practitioner of medicine; yet notwithstanding these disadvantages we find him assiduously devoted to his practical duties in this locality for a period of more than 30 years. He was married at the age of 25 years to Miss Sarah Baldwin, (the eldest daughter of Dr. Baldwin, one of the older physicians of the town,) by whom he had one son, whom he educated to the same profession with himself, and who is a respectable practitioner in the State of Michigan. In the year 1808, but little more than a year from the time of their marriage, Mrs. Field died. He afterward married Miss Esther Baldwin, the sister of his former wife, who survived him several years. By her he had five children, two of whom were sons and three daughters; all but one daughter are still alive.

Dr. Field was a man of medium height and size, prominent features, an open manly countenance, yet of mild expression. He was not over quick in his apprehensive faculties, but cautious and deliberative. He was never bold in his practice; rather careful and discriminating; while he aimed at correctness of conclusion in diagnosis and efficiency in prescribing for the sick, he studiously avoided over-acting or prescribing at a venture. His practice for many years was large, laborious and remunerative; his ride extended much into the adjoining towns. As the town of Waterbury increased in population his practice became large within its limits. He ranked above mediocrity as a medical practitioner of his day. He was for a long time a member of the Connecticut Medical Society, and took a lively interest in its transactions. He confined his practice mostly to the sphere of medicine, declining surgical cases, when he reasonably could. As a citizen he was affable, public spirited, though unobtrusive. Devoting himself exclusively to his professional duties, he never meddled with political matters, nor sought any kind of notoriety except that of a good physician and an honest man. He was the friend of good order, morality and education. He was for a long time a member of the Congregational Church in Waterbury—a consistent, practical Chris-

tion. Cheerfully he bore his share of the burthens of society, ever making additions to the large stock of respect and esteem with which he was favored. Like many medical men in full practice, as he advanced in years, with an accumulation of cares, his health became so impaired that for the last four years of his life he was obliged to circumscribe his practice. He unfortunately became depressed, and in the year 1840, whilst suffering from an unusual fit of melancholy, which amounted to insanity, he took his own life. He died, as he had lived, universally respected by his large and extensive acquaintances, who mourned his untimely death.

APPENDIX A.

The following preamble and resolutions were unanimously passed at the meeting of the Medical Society of the city of Hartford, on Monday evening, February 7th, 1850.

IN view of the former and more recently renewed attempts to deprive the late Dr. Horace Wells, of this city, and his family, of the honor and any reward which might be given them for the discovery and development of the principle of anesthesia as applied to surgery; and in view also of the efforts made and making to induce unreflecting yet generous individuals to pecuniarily recompense other claimants, we, the Medical Society of the city of Hartford, many of whose members were personally acquainted with Dr. Wells, participated in his experiments, and were conversant with the facts from the first, feel it our duty to pass the following resolutions:

Resolved, That having examined the testimony which has been presented in favor of the claim of Dr. Horace Wells, that he originated the idea, and was the first effectually to demonstrate the practicability of inducing a state of insensibility for surgical purposes by the use of ethereal vapor inhaled, we feel assured that such was indisputably the fact, and that to withhold from Dr. Wells the credit of this discovery, which he generously gave to the world without fee or reward, is unjust and dishonorable.

Resolved, That to bestow pecuniary recompense, or honors of any description upon those not entitled to such testimonials, to the neglect of the deserving, is a discouragement to virtuous action, and we entreat all who are besought to contribute to other claimants than Dr. Wells, that they carefully examine both sides of the question, believing that if this is done, the cause of truth, which has labored heretofore under many discouragements, will triumphantly vindicate itself.

Resolved, That we consider it unworthy any member of an honorable profession that he should support claims for a patented article,

while Horace Wells, nearly two years before, proclaimed the discovery of the principle of anesthesia, demonstrated its power, gave it freely to the world, and at Boston, in the very amphitheatre of the medical school, urged its use upon the medical faculty.

Resolved, That the pamphlet called "Anesthesia," or the testimony upon the subject, arranged by the Hon. Truman Smith, collected from a multitude of our fellow citizens of the highest respectability, is a most satisfactory defense of Dr. Wells' claim, and to it we would refer any who are in doubt as to the rightful discoverer of the aforesaid principle, believing no unprejudiced person can arise from its perusal with other views than those held by this society.

Resolved, That the thanks of this society be given to the Hon. Truman Smith, for his able, honest, and zealous defense of the truth, and for his aforesaid work on anesthesia, a work which deserves the thanks of the whole profession, and of every lover of justice.

Resolved, That in approving the foregoing resolutions, we are in no way actuated by any other motive than that desire for truth which should always govern our profession; that the desire of establishing the claim of Dr. Wells for the aforesaid discovery, does not arise from the fact that he was a resident of our city, or that this discovery reflects honor upon it; but we feel that this defense is a solemn duty devolving upon us as a medical body, for on whom should it fall unless upon those personally, and best acquainted with all the circumstances of the case, who witnessed the birth of the great idea, and watched its full development.

S. E. FULLER, *Clerk.*

APPENDIX B.

MEMORIAL.

1st. Your memorialists believe it to be a fact, founding their belief, in part, on the statements made in the annual reports of the Prison, and in part on the known circumstances in which the prisoners were placed, that insanity in some of its least tractable forms usually exists there, and requires for its cure the treatment which a long experience has proved to be needed in such cases. The number of those who thus suffer will doubtless vary, as do other forms of disease which are known to prevail there.

2d. They believe it to be the duty of the State to provide for such, and for that kindred class also, who, acquitted of crime on the ground of insanity, still need careful restraint, as well as appropriate medical treatment and care; and that this provision should be made without reference primarily to its cost, but rather with reference to the moral obligation which it involves, which can no more be evaded, than its great cost would at this day be regarded as a valid reason against providing Retreats for the insane, and Asylums for the deaf and dumb and for the blind.

3d. Your memorialists have satisfactory evidence both from description and eye-witnesses, abundantly competent to form a safe opinion, that the building recently erected in connection with the State Prison for the use of the classes above named, possesses the essential requisites for securing both the comfort and cure of its inmates, while it will effectually prevent their escape. It is open to abundant light, is thoroughly ventilated, and a large yard is attached for the exclusive use of the inmates, in which they may be variously exercised, as their respective cases require.

4th. From motives of economy as well as convenience, we favor the existing location of this building, and believe that its benefits will be as many and great to its unhappy inmates, as if it were situated

elsewhere, and required a corps of officers and attendants, cooks and nurses for its exclusive management.

5th. We are constrained to believe further, from the careful study of the report under consideration, that the prison directors are regarding this humble charity too much in its pecuniary and too little in its moral and religious aspects, preferring to make a creditable balance-sheet for the State, rather than to honor its civilization and humanity, by striving within reasonable limits, to meliorate the condition of the most wretched of those to whom they are called to minister.

6th. Finally, your Memorialists cannot perceive either the expediency, propriety or economy of destroying an expensive building—for converting it into a workshop virtually amounts to this—every way suited to its purposes, while even now, in the jails of our Commonwealth, possibly without, certainly including those in the State Prison, enough to occupy at least one-half of it, are very seriously suffering for want of the privileges it offers, and that too even before it has had an organization, or even extended a helping hand to one of those for whose benefit it was erected.

[NOTE.—The Legislature decided adversely to the prayers of the Petitioners and Memorialists, and ordered the department to be abolished without trial, and the building be converted into a workshop. The matter of providing for the class above referred to, was assigned to a Committee for consideration, and report to the next General Assembly.]

CONTENTS.

	PAGE.
Officers and Standing Committees, - - -	3
Minutes of the Convention, - - - -	5
List of Honorary Members, - - - -	13
List of Ordinary Members, - - - -	15
Duties of County Clerks, - - - -	19
Rules of Order, - - - -	20
List of Addresses and Discretions read in Convention, -	21
Annual Address by Abiel Woodward, M. D., - - -	25
Dissertation on the Louse, by Rufus Baker, M. D., -	41
Sanitary Report from Hartford County, - - -	55
Registration Report from New Haven County, - -	61
A Poem, - - - -	67
A Case of Lacerated Peritonæum, - - - -	77
Biographical Sketch of Timothy P. Boers, M. D., -	85
do. do. Bela Farslow, M. D., - - -	91
do. do. Dr. Roswell Branson, - - -	93
do. do. Dr. Edward Field, - - - -	99
Appendix A, - - - -	103
Appendix B, - - - -	105

PROCEEDINGS

OF THE

SIXTY-EIGHTH ANNUAL CONVENTION

OF THE

Connecticut Medical Society,

HELD AT

HARTFORD, MAY 22d AND 23d, 1868.

HARTFORD:

PRESS OF CASE, LOCKWOOD AND COMPANY.

1868.

Officers of the Society

FOR 1860-61.

PRESIDENT.

ASHBEL WOODWARD, M. D., OF FRANKLIN.

VICE-PRESIDENT.

JOSIAH G. BECKWITH, M. D., OF LITCHFIELD.

TREASURER.

GEORGE O. SUMNER, M. D., OF NEW HAVEN.

SECRETARY.

PANET M. HASTINGS, M. D., OF HARTFORD.

Standing Committee.

Committee on Examination.

ASHBEL WOODWARD, M. D., *ex officio*.

TIMOTHY DIMOCK, M. D.

A. T. DOUGLASS, M. D.

S. B. BERESFORD, M. D.

JOEL CANFIELD, M. D.

WILLIAM WOODRUFF, M. D.

Committee to nominate Physicians to Retreat for the Insane.

WM. WOODBRIDGE, M. D.

G. B. HAWLEY, M. D.

LEWIS WILLIAMS, M. D.

A. B. HAILE, M. D.

ROBERT HUBBARD, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

JOHN B. LEWIS, M. D.
ALBERT MORRISON, M. D.
BENJ. H. CATLIN, M. D.
WM. H. RICHARDSON, M. D.
D. H. HUBBARD, M. D.

Committee on Registration.

GURDON W. RUSSELL, M. D.
BENJ. H. CATLIN, M. D.
E. K. HUNT, M. D.

Committee on Publications.

P. G. ROCKWELL, M. D.
G. B. HAWLEY, M. D.
J. B. LEWIS, M. D.
P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.

PROCEEDINGS.

THE annual Convention of the President and Fellows of the Connecticut Medical Society was held at the Hartford Hospital in the city of Hartford, May 23d and 24th, 1860.

The President, ASHERL. WOODWARD, M. D., called the Convention to order at 11 o'clock, A. M.

The Secretary having read the list of Fellows, returned by the clerks of the several counties, the following gentlemen were appointed a Committee on Credentials, viz.: Drs. G. W. Russell, C. B. Bromley and S. W. Gold.

Dr. RUSSELL, Chairman, reported the following list of Fellows for the present year, viz.:

FELLOWS.

HARTFORD COUNTY.

Gordon W. Russell, M. D.	A. W. Barrows, M. D.
F. A. Hart, M. D.	H. A. White, M. D.
James D. Wilcox, M. D.	

NEW LONDON COUNTY.

D. W. C. Lathrop, M. D.	A. B. Hulse, M. D.
Mason Manning, M. D.	Orrin E. Minor, M. D.
*Robert McCurdy Leal, M. D.	

FAIRFIELD COUNTY.

David S. Burr, M. D.	B. P. Lyon, M. D.
Robert Hubbard, M. D.	George W. Birch, M. D.
Wm. C. Bennett, M. D.	

MIDDLESEX COUNTY.

Ira Hutchinson, M. D.	D. H. Hubbard, M. D.
*John E. Blake, M. D.	

NEW HAVEN COUNTY.

Samuel Prinderson, M. D.	Joel Canfield, M. D.
P. G. Rockwell, M. D.	R. T. Stillman, M. D.
C. L. Ives, M. D.	

WINDHAM COUNTY.

Joseph Palmer, M. D.	Henry W. Hough, M. D.
Calvin B. Boussley, M. D.	*Gideon F. Barstow, M. D.
Wm. H. Cogswell, M. D.	

LITCHFIELD COUNTY.

W. W. Welch, M. D.	S. W. Gold, M. D.
Wm. Woodruff, M. D.	*Ralph Denning, M. D.
Wm. Ewell, M. D.	

TOLLAND COUNTY.

Wm. H. Richardson, M. D.	P. L. Dickinson, M. D.
G. H. Preston, M. D.	

The President then delivered the annual Address.

Dr. Woodruff moved that the thanks of the Convention be presented to Dr. Woodward for his timely and able Address, and that a copy be requested for publication with the Proceedings of the present year. Adopted.

Dr. Canfield moved that the Convention adjourn at 2 o'clock, for one hour. Adopted.

The Convention then proceeded to the election of officers for the ensuing year.

Drs. Sanford and Lathrop were appointed tellers.

The following gentlemen were duly elected:

ASHBEL WOODWARD, M. D., PRESIDENT.
J. G. BECKWITH, M. D., VICE-PRESIDENT,
G. O. SUMNER, M. D., TREASURER.
P. M. HASTINGS, M. D., SECRETARY.

President appointed as Committee on Unfinished Business of the last Convention, Drs. Hale, Burr, Hutchinson, Stillman, Hough, Bissell, Richardson and White.

The Secretary read the following communications, viz.:

From the American Medical Association, enclosing a Memorial to the Legislature of Connecticut, asking a revision of the laws relating

to the *crime of Abortion*, referred to Drs. Cogswell, Canfield and W. W. Welch.

A resolution passed by the New Haven County Meeting on the subject of Honorary Degrees and Honorary Membership, referred to Drs. S. W. Gold, White, Bennett, Ives and Manning.

The Treasurer read his annual Report; referred to Drs. Preslem, Lyon and Birch.

Dr. Butler, Superintendent of Retreat for the Insane, invited the Members of the Convention to visit the Institution under his charge, to-morrow morning, at 8 o'clock. Accepted.

The Convention then proceeded to ballot for members of the Standing Committees, with the following result, viz.:

Committee on Examination,

Joel Canfield, M. D., of Guilford;

Wm. Woodruff, M. D., of Plymouth Hollow.

Committee to nominate Physician to Retreat for the Insane:

A. B. Haile, M. D., of Norwich.

Robert Hubbard, M. D., of Bridgeport.

Committee to nominate Professors of Medical Department of Yale College:

Wm. H. Richardson, M. D., of Mansfield.

D. H. Hubbard, M. D., of Clinton.

The President appointed the following Standing Committees, viz.:

Committee on Registration:

G. W. Russell, M. D., of Hartford.

Benjamin H. Catlin, M. D., of Meriden.

E. K. Hart, M. D., of Hartford.

Committee on Publication:

P. G. Rockwell, M. D., of Winstbury.

G. B. Hawley, M. D., of Hartford.

J. B. Lewis, M. D., of Rockville.

P. M. Hastings, M. D., of Hartford.

Robert Hubbard, M. D., of Bridgeport.

The President announced the following Committees, viz.:

To nominate Delegates to American Medical Association for 1861.

Drs. Russell, Haile, E. Hubbard, Woodruff, Palmer, Funderburk, Dickinson and Hutchinson.

Committee to recommend candidates for Honorary Degrees and Honorary Membership, Drs. W. W. Welch, Lathrop, Burr, J. D. Wilcox, D. H. Hubbard, Greenley, F. A. Hart and Richardson.

Committee to nominate Discretater and Alternate, Drs. Wood-

ruff, Palmer, Ives, Dickinson, Birch, Lathrop, L. D. Wilcox and D. H. Hubbard.

Committee to recommend Gratuities: Students to the Medical Department of Yale College, Drs. Barrows, Bennett, Manning, Hutchinson, Stillman, Gold, Prosser and Hough.

A. B. Hais, M. D., of Norwich, appointed Dissertator at the last Convention, then read a Dissertation on Hygiene.

On motion by Dr. Rockwell.

Resolved, That the thanks of this Convention are justly due, and are freely presented to Dr. Hais for his instructive dissertation, and that a copy be requested for publication in our Proceedings. Adopted.

Dr. Gold, Chairman of Committee on New Haven County Resolution, reported the following resolution, which was adopted, viz.:

Resolved, That Candidates for the Honorary Degree of Doctor of Medicine and Honorary Membership, be published in the proceedings of this Society, and be not voted upon for one year subsequent to the time such nominations are made.

Dr. Woodruff, Chairman of Committee to nominate the Dissertator for the year, reported the names of

J. E. Lewis, M. D., of Rockville, as Dissertator.

L. S. Paddock, M. D., of Norwich, as Alternus.

Dr. James Welch read the report of Committee on Examinations for 1890. [See Appendix A.]

Dr. B. H. Culin read the report of Committee to nominate Professors for Medical Department of Yale College. [See Appendix B.]

Dr. Barrows, Chairman of Committee on Gratuities Students, recommended the following list, viz.:

Wm. McNeil, of New Haven County.

Ebenezer Witter, of Windham County.

James A. Bigelow, of Litchfield County.

Joel W. Hyde, of New Haven County.

Robert C. Harwood, of New Haven County.

Henry Plumb, of New Haven County.

George W. Avery, of Windham County. Accepted.

Dr. Russell, Chairman, reported the names of the following gentlemen to represent this Society in the American Medical Association for 1891, viz.:

A. B. Hais, M. D., of Norwich.

L. J. Stafford, M. D., of New Haven.

Wm. Woodruff, M. D., of Plymouth.

Geo. B. Hawley, M. D., of Hartford.

Dr. Preston, Chairman of Committee to audit Treasurer's account, reported that they found the account correct, and would recommend the abatement of taxes due from County Clerks, as follows: E. K. Hunt, J. C. Rolles, D. L. Daggett, Jeremiah King, Hamilton Brewer, deceased, A. M. Huxley, D. A. Tyler, J. C. Jackson, Albert Hobson, F. J. Judson and Justin Sherwood, amounting to \$188.28.

The following is a general summary of the Treasurer's report:

Cash in Treasury,	\$109.61
Due from County Clerks,	\$1,193.96
Deduct one-half for bad debts, abatements, commissions, &c.	595.68
	<hr/> \$211.79
Cash and due from Clerks,	\$667.29
The Society owes for debentures outstanding,	455.50
	<hr/>
Leaving balance in favor of the Society, of	\$211.79

Drs. Russell, Rockwell and Hitchinson, were appointed a Committee to recommend some method of reducing the amount of unpaid taxes, to report to-morrow morning.

Dr. Wm. W. Welch, Chairman of Committee on Honorary Degrees and Honorary Membership, reported the names of Drs. Ebenezer Allen of Randolph, Mass., and B. Fordyce Barker, of New York, for Honorary Membership. Accepted.

Adjourned to 8½ o'clock, P. M.

Evening Session.

Dr. Hastings, Chairman of Committee on Publication, read a report which was adopted. [See Appendix C.]

A communication from the "National Quarantine and Sanitary Convention" was read by the Secretary, inviting the Society to send delegates to its fourth annual session, to commence in the city of Boston on the 14th day of June, 1860.

The following were appointed delegates in accordance with above request: Drs. G. B. Hawley, A. B. Hall and L. J. Sanford.

The following delegates were appointed to attend the Convention of the Massachusetts Medical Society for 1861:

E. K. Hunt, M. D., of Hartford County.

P. G. Rockwell, M. D., of New Haven County.

D. W. C. Lathrop, M. D., of New London County.

C. B. Bramley, M. D., of Windham County.
 Wm. H. Richardson, M. D., of Tolland County.
 John E. Blake, M. D., of Middlesex County.
 David S. Barr, M. D., of Fairfield County.
 J. G. Beckwith, M. D., of Litchfield County.

The following delegates were appointed to attend the Annual Meeting of the New York State Medical Society in 1861:

P. M. Hastings, M. D., of Hartford County.
 E. F. Stillman, M. D., of New Haven County.
 M. B. Parlee, M. D., of Fairfield County.
 A. Woodward, M. D., of New London County.
 J. G. Beckwith, M. D., of Litchfield County.
 G. H. Preston, M. D., of Tolland County.
 Jas. B. Whitcomb, M. D., of Windham County.
 Ira Hutchinson, M. D., of Middlesex County.

Dr. Beckwith moved a tax of two dollars upon all members of the State Society, payable on the 1st of June, 1861. Adopted.

Adjourned to accept the hospitalities of the Hartford City Medical Society.

Met at Retreat for the future at 8 o'clock, A. M., May 24th.

Dr. Preston reported a Debiture Bill, which was read and adopted.

Dr. W. W. Welch reported the Memorial of the American Medical Association on the subject of Abortion, and moved that a Committee of three be appointed to bring the matter before the Legislature of this State during its present session. Adopted. Drs. Cogswell, Rising and Chas. Hooker were appointed such Committee.

Dr. Russell, Chairman of Committee on subject of Delinquent Members, reported the following resolution, viz.:

Resolved, That this Society require of the several County Meetings to dismiss all members who persistently refuse or neglect to pay their annual taxes. Adopted.

Dr. Beckwith offered the following resolution, viz.:

Resolved, That while we congratulate the members of the Medical profession of the city of Hartford, on the completion of their elegant and spacious hospital; we tender our thanks to the City Medical Society of Hartford, on this valued expression of its munificent hospitality, and the unusual facilities which they have afforded the Convention in the transaction of its business during its present session. Adopted.

On motion of Dr. Haller,

Resolved, That the thanks of this Society be tendered to the proprietors of Wadsworth's *Albumen*, for the kind invitation to visit the Gallery of Paintings, and to Dr. Butler for the courtesies extended by them to the members of the Connecticut Medical Society. Adopted.

Dr. Russell moved that an edition of one thousand copies of the Proceedings be printed and distributed to the County Clerks. Adopted.

Dr. Ives offered the following resolution, viz.:

Resolved, That this Convention, recognizing the necessity of adopting some measure, more fully to carry out the original designs of the founders of this Society, in the advancement and diffusion of Medical knowledge, and the promotion of kind feeling among its members, and thereby to add to the interest and value of its meetings, do appoint a Committee of one from each county, to inquire into the propriety of re-organizing, on a more voluntary basis, and report at the next annual meeting. Adopted.

The following were appointed a Committee under above resolution, viz.:

- Chas. L. Ives, of New Haven County.
- Gordon W. Russell, of Hartford County.
- Ashbel Woodward, of New London County.
- E. B. Nye, of Middlesex County.
- J. B. Lewis, of Tolland County.
- E. P. Bennett, of Fairfield County.
- J. G. Beckwith, of Litchfield County.
- Joseph Palmer, of Windham County.

On motion of Dr. Funderburk, the Convention adjourned, to meet in New Haven on the fourth Wednesday in May, 1861.

P. M. RASTINGS, *Secretary*.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

FELIX PASCALIS,	New York.
*JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
*SAMUEL L. MITCHELL,	New York.
*DAVID ROSACK,	New York.
*WRIGHT POST,	New York.
BENJAMIN SILLIMAN,	New Haven.
*GEORGE McCLELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
*THEODORE BOMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth Mass.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
*WILLIAM P. DEWEES,	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
*PHILIP SING PHYSIC,	Philadelphia, Pa.
*LEWIS BEERMAN,	U. S. Navy.
*DANIEL DRAKE,	Cincinnati, Ohio.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN BYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Oriskany, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
*WILLIAM TULLY,	Springfield, Mass.
RICHMOND BROWNELL,	Providence, R. I.
*WILLIAM BEAUMONT,	St. Louis, Mo.

SAMUEL HENRY DICKSON,	Charleston, S. C.
*SAMUEL E. WOODWARD,	Northampton, Mass.
*JOHN STEARNS,	New York.
STEVEN W. WILLIAMS,	Deerfield, Mass.
*HENRY GREEN, -	- Albany, N. Y.
*GEORGE FROST,	Springfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy,
ALDEN MARSH,	Albany, N. Y.
*AMOS TWITCHELL, -	- Keene, N. H.
CHARLES A. LEE, -	- New York.
DAVID S. C. H. SMITH,	Providence, R. I.
*JAMES M. SMITH,	Springfield, Mass.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	New York City.
JOHN WATSON,	New York City.
FRANK H. HAMILTON, -	- Buffalo, N. Y.
ROBERT WATTS, -	- New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL, -	- Albany, N. Y.
FOSTER HOOPER, -	- Fall River, Mass.
THOMAS C. BRINSMADE,	Troy, N. Y.
GEORGE CHANDLER,	Worcester, Mass.
GILMAN KIMBALL,	Lowell, Mass.
JAMES McNAUGHTON, -	- Albany, N. Y.
USHER PARSONS,	Providence, R. I.
S. D. WILLARD, -	- Albany, N. Y.
JOHN WARE,	Boston, Mass.

Gentlemen proposed for Honorary Membership—

EBENEZER ALDEN,	Randolph, Mass.
R. FORDYCE BARKER,	New York City.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

F. W. HUNT, M. D., Chairman.

GEOFFREY CLARY, M. D., Clerk.

- | | |
|--|--|
| HARTFORD, Henry Holmes, S. B. Dins-
ford, G. D. Hawley, G. W. Russell,
David Crary, P. W. Ellsworth, E. E.
West, J. S. Foster, J. C. Jackson, A. W.
Barrows, Thomas Minor, H. Bradley,
William Foster, John F. Wells, William
E. Burwell, P. M. Hastings, Edward
Bradley, Stephen H. Fuller, George Crary,
W. B. Tremaine, Lucius S. Wilson, Mc-
pherson E. Fuller, Henry S. Stevens. | Eastbury, Rubin Stocking,
East Granby, Chester Bunker,
West Granby, Justice D. Wilson,
North Granby, Franklin F. Allen.
MANCHESTER, Wm Scott,
NEW BRITAIN, Samuel Hart, F. D. Bal-
chuck, F. N. Cummings, S. W. Hunt,
SOUTH HILL, R. M. Townsend,
SANDRIDGE, E. A. White,
Troyville, G. W. Southwick,
SOUTHBURY, Julius S. Barrows, N. B.
Lyngdon, F. A. Hart,
SOUTH WINDSOR, H. C. Gillette, H.
Goodrich,
East Windsor Hill, Sidney Eastwood, Wi-
liam Wood.
SHEFFIELD, Arthur Elmer,
West Suffield, O. W. Killogg,
WETHERSFIELD, J. F. Goddard, A. S. War-
ren, E. Fox,
WEST HARTFORD, Edward Deane,
WINDSOR, Wm. S. Percus, A. Sherman,
S. A. Wilson,
WINDSOR LOCKS, Samuel W. Shuman,
Ayer, Frank Wheeler. |
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NEW HAVEN COUNTY.

N. H. IVES, M. D., Chairman.

LESLIE J. SAMPSON, M. D., Clerk.

- NEW HAVEN, Eli A. Jordan, Knight,
General Penhryn, J. E. Mason,
Charles Butler, N. B. Jew, E. H. Bishop,
Levi Jew, P. A. Jewett, D. L. Daggett,
Gen. G. Sumner, D. A. Tyler, Henry
Denison, E. A. Park, S. G. Hubbard,
W. J. Whiting, H. W. E. Matthews, C.
A. Lindsay, Worthington Mosley, T. H.
Tillot, John Nixell, C. R. Austin, Moses
C. White, L. J. Sampson, C. L. Jew,
Edward Bulley, Jr., B. C. Gardin,
Wm. B. De Forest, Frederick Tishie,
Edward Mallon.
- FAIR HAVEN, Lyman Parker, C. S. Thompson,
W. M. White.
- HARTFORD, Samuel Lloyd.
- GRANOS, Henry W. Palmer.
- DELMAR, Amos C. Brownell.
- DAVINGDON, H. V. C. Holman.
- YOUTH, J. W. Dwyer, Sheldon Boardley.
- CHESHAM, A. J. Briggs, W. C. Williams.
- DEWEY, Charles H. Finney.
- STONINGTON, Amos Boardley.
- MANTONVILLE, Thomas Stoddard, S. O.
Johnson, Arthur Knott.
- GERMANTOWN, Joel Caspell, Alfred Talbot.
- HARTMAN, Edwin D. Smith.
- MANTON, D. M. Webb.
- HARTMAN, S. Simpson.
- WEST MANTON, E. H. CATLIN, F. W.
Hatch, J. R. Churchill.
- MANTON, Abel Allen, L. S. Boardley,
Thomas Dutton.
- NARRAGANSETT, J. D. Myers.
- WEST MANTON, E. P. Roberts.
- GRANOS, Lewis James.
- SCOTCHBORO, A. D. Essett.
- WEST DELMAR, N. C. Baldwin.
- WATERBURY, Scherwin's Bank.
- WATERBURY, M. C. Lumsden, G. L.
Patt, John Dwyer, G. E. Perkins, F.
G. Lockwood, Thomas Dougherty.
- WOODSTOCK, Amos Goodell, Andrew
Cuth.

NEW LONDON COUNTY.

MASON MANNING, M. D., Chairman.

L. S. FARMER, M. D., Clerk.

- NEW LONDON, Cyrr T. Brewster, N. J.
Parker, Isaac G. Foster, Wm. W.
Mason, D. P. Francis, Albert Bodine,
Robert A. Macfarlane, Robert Mc-
Carthy, Levi, A. T. Douglas.
- SAVANNAH, Richard P. Trigg, Asaiah
Gardner, Elijah Dyer, Frank Plummer,
A. B. Hille, Lewis Bentley, Daniel F.
Galliver, Lewis S. Paddock, D. W. C.
Lathrop.
- DOUGLAS, Samuel Johnson.
- CONCORTON, Daniel Furman, Frederick
Burges, Hilmerton, Scott.
- KAUFMAN, John L. Smith.
- FRANKLIN, ASHLEY, WOODWARD.
- SAVANNAH, Joseph Dwyer.
- LEMANON, Joseph Dwyer, Ray E.
Green.
- LYONS, Richard Rogers.
- MANTONVILLE, John C. Bates.
- CHESHAM, S. E. Hayward.
- FRANCON, F. N. Downing.
- STONINGTON, William Hale, George E.
Palmer, William Ryde, Jr.
- MYN, Moses Manning, N. H. Tridder.
- MYN, George, E. F. Coats.
- MYN, George, A. W. Coats.
- MYN, Owen E. Mann.

FAIRFIELD COUNTY.

E. P. BENNETT, M. D., Chairman.

D. S. DEAN, M. D., Clerk.

FAIRFIELD, S. P. V. B. Ten Brook.
 Grogan, RUFUS SLAKEMAN.
 Southport, Justice Stewart.
 FORTMONT, D. H. Nash, F. J. Judson,
 W. L. W. Berry, Wm. R. Nash, Robert
 Hubbard, H. N. Fennell.
 FROGBELD, A. L. Williams.
 DARTMOUTH, E. P. Bennett, Wm. C. Benson,
 Elijah Gregory.
 HENNINGTON, Amos R. Sisson.
 NEW CANAAN, Samuel S. Jager, Louis
 Ashford.

SOMERSET, John S. McLean, Ira Gregory,
 Samuel Lyons, Jos. W. McLean.
 South Norwalk, M. E. Parker.
 KILLBURY, Geo. W. Finch.
 DANFORTH, O. S. Harkock.
 STAMFORD, S. D. Mays, Lewis Hartman.
 DARTON, Samuel Smith.
 SCRANTON, Wm. T. Sisson, James Ball-
 win, E. C. McKim.
 FAIRHALL, George Dyer.
 WATKINS, George Buchanan, David S.
 Hart.
 GASTON, J. H. Hoyt.

WINHAM COUNTY.

SAMUEL HUTCHISS, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

ASHFORD, John H. Saunders.
 BROOKLYN, James B. Whitcomb, Wm.
 Woodbridge.
 CANTONMENT, Elijah Squires, Joseph
 Palmer.
 CHAPLIN, Orono Fisher.
 HAMPTON, Dyer Baylis, Jr.
 DEPOSIT, Justin Hammond.
 South Killingly, Daniel A. Hovey.
 West Killingly, Samuel Hutchins, David
 C. Hall.
 East Killingly, Edwin A. Hill.
 FAIRMAN, H. W. Bough, Gilbert F. Noyes.

PLAINFIELD, WM. B. CHASEWELL.
 SHARP, Lewis E. Mott.
 GASTON, Charles H. Rogers.
 STERLING, Wm. A. Lewis.
 VALENTINE, Harvey Campbell.
 THOMPSON, Lucius Hallbrook, John Mc-
 Gregor.
 WINDFORD, Lorenzo Mercy.
 North Windford, Ann White.
 West Windford, Moses Redford.
 PARKMAN, George B. L., Lewis Williams.
 WINHAM, Oliver Root.
 Ashford, Calvin B. Bromley.

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

G. B. HAZEN, M. D., Clerk.

LITCHFIELD, J. G. Berdwell, George Sey-
 mour, H. W. Ford, D. E. Bodrick.
 South Farm, Harry H. Miner.
 CANAAN, Thomas H. Smith, S. A. Wright.
 South Canaan, John A. Allen.
 CORNWALL, BERTIE K. North.
 West Cornwall, Samuel W. Gold, Edward
 Sandford.
 Gaylord's Bridge, G. B. Hazen, John

GOMER, A. M. Hazen.
 HARTFORD, G. B. Miller.
 KENT, John Goodale.
 NEW HARTFORD, Josiah Williams.
 BARNSTABLE, Moses Judson.
 NORTHFIELD, D. E. W. Camp.
 NEWTON, Wm. W. Welch, John H.
 Welch.
 PLYMOUTH, Samuel T. Salisbury.

Plymouth Hiller, Wm. Woodcock.
 Roxbury, Henry Dimes.
 Salisbury, Esq. Field, Wm. Elliott, H.
 M. Knight.
 Sharon, Ralph Denney, Wm. W. Knight.
 Walworth, J. Burroughs, J. W. Phelps.

Warren, John H. Dickinson.
 Warrington, E. M. Foster.
 New Freedom, S. H. Lyman, E. P. Lyman.
 West Windsor, Jas. Welch, J. W. Richmond.
 Woodbury, Charles H. Webb, Harmon
 W. Stone.

WINDHAM COUNTY.

IRA HUTCHINSON, M. D., Chairman.

S. W. TURNER, M. D., Clerk.

Middletown, Joseph Barrett, Charles
 Windover, Eliza E. Nye, George W.
 Burke, John E. Baker, Rufus Baker.
 Cromwell, Jos. Dickinson.
 East Hampton, F. W. Edgerman.
 Middle Newden, A. B. Worthington.
 CHAFFIN, S. W. Torrey.
 CLINTON, D. H. Hubbard.
 DUNHAM, R. W. Mathewson.

EAST HAMPTON, Jos. M. Bell, Daniel Wil-
 son.
 HARRIS, Miss C. Harris.
 PORTLAND, George O. Jarvis, G. C. H.
 Gilbert.
 SAYBROOK, Asa B. King.
 Stone, A. B. Knapp.
 Deep River, Edwin Ridwell.
 Westbrook, Eunice East.

POLAND COUNTY.

WILLIAM S. CLARK, M. D., Chairman.

GERRIT B. FERRIS, M. D., Clerk.

TOLLAND, O. K. Adams, G. H. Preston.
 Bolton, Charles F. Sumner.
 North Cheshire, Elmer Best.
 South Cheshire, Timothy Dunck, Henry
 A. Dyer.
 HARRIS, Ovis C. White.
 Mansfield Gates, Earl Smith, O. B. Giggis.
 Mansfield Depot, Norman Brigham.
 MANSFIELD, Wm. H. Richardson.

SCHERR, Cyrus Ward.
 East Stafford, Wm. K. Clark.
 West Stafford, J. C. Shubert.
 Stafford Springs, C. E. Newton.
 Staffordville, S. F. Pomroy.
 Exchick, John Shiner, Stephen G. Es-
 ley, John B. Lewis.
 WALLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1860, WITH DEATHS REPORTED FOR THE YEAR ENDING APRIL 1st, 1860.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	65	12	77	2
New Haven County,	80	14	94	1
New London County,	26	12	38	1
Fairfield County,	37	5	42	1
Windham County,	29	3	32	1
Litchfield County,	80	1	81	1
Middlesex County,	21	7	28	1
Tolland County,	14	5	19	1
	<u>252</u>	<u>59</u>	<u>311</u>	<u>8</u>

NOTE.—Former Fellows of the Connecticut State Society are permanent members of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1860, WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County.	Hinton.
Benjamin Rogers, age 68 years.	_____
New Haven County.	
Chas. B. McCarty, age 55 years.	Typhoid Fever.
Joseph F. Jewett, age 71 years.	Congestion of Lungs.
New London County.	
James Morgan, age 37 years.	Lung-bor Abscess.
Fairfield County.	
Elijah Middlebrook.	_____
Tolland County.	
Heath Dew, age 68 years.	Apoplexy.

DUTIES OF COUNTY CLERKS.

- To read County Meetings.
- To read the proceedings of the County Meetings.
- To collect the taxes and pay the same to the Treasurer.
- To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a paralytic course of lectures, immediately after the County Meetings, for publication.
- To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.
- To transmit to the Treasurer the names of the Fellows elect, immediately after the County Meetings.
- To return to the Treasurer the names of Members delinquent in taxes, with the amount arrear due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and addresses of the Members of this Society who have died during the year preceding the 1st of April in such year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Courses of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertations.
16. Dissertations.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous Resolves.

LIST OF ADDRESSES AND DISSERTATIONS

DELIVERED BY ORATION.

- 1793 President's Address, by Dr. Leavitt Hubbard.
- 1794 Prize Essay on Autumnal Bilious Fever, by Dr. S. H. P. Lee.
- 1794 Prize Essay on the Properties of Opium, by Dr. Gibson Shepherd.
- 1795 Eulogy on Dr. L. Hubbard, by Dr. Ezekiel Manson, President.
- 1795 Prize Essay on the Preparation of Antimony, by Dr. F. P. Oviere.
- 1795 Prize Essay on the Different Species of Colic, by Dr. Thaddeus Betts.
- 1796 Prize Essay on the Contagion of Yellow Fever, by Dr. F. P. Oviere.
- 1796 Prize Essay on Cynanche Tonsillaris, by Dr. S. H. P. Lee.
- 1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
- 1796 Prize Essay on same subject, by Dr. Gibson Shepherd.
- 1798 History of a case of Bilious Catarrh, by Dr. Lemuel Hapkins.
- 1798 An Essay by Dr. Jared Potter.
- 1799 A Dissertation, by Dr. Thaddeus Clark.
- 1800 A Dissertation on Larynx, by Dr. Nathaniel Dwight.
- 1804 Essay on the Stafford Mineral Waters, by Dr. Samuel Willard.
- 1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
- 1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
- 1818 On Ergot, by Dr. William Buel.
- 1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
- 1821 Dissertation on Uterine Hemorrhage, by Dr. Samuel Rockwell.
- 1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
- 1825 Dissertation, by Dr. Dyce T. Bealand.
- 1829 Dissertation on Extra-uterine Conception, by Dr. George Sumner.
- 1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.
- 1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
- 1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.

- 1837 An Address by the President, Dr. Thomas Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Isaac G. Porter.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Bronson.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.
- 1841 An Address by the President, Dr. Silas Faller.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amariah Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middlebrook.
- 1843 A Dissertation on Phlebitis, by Dr. Pinckney W. Ellsworth.
- 1844 A Dissertation on the Respect due to the Medical Profession, and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
- 1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hart.
- 1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. B. Footyce Barker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Abner Talbot.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. Johnson C. Hatch.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1853 An Address by the President, Dr. Rufus Haskins, on the Early Physicians of Fairfield County.
- 1855 A Dissertation on Popularizing Medicine, by Dr. Samuel Beach.
- 1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. B. Coey.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
- 1857 An Address by the President, Dr. Benjamin H. Cutler.
- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
- 1858 An Address by the President, Dr. Benjamin H. Cutler.
- 1859 An Address by the President, Dr. Ashbel Woodward.
- 1859 A Dissertation on the Issues, by Dr. Rufus Baker.
- 1860 An Address by the President, Dr. Ashbel Woodward.
- 1860 A Dissertation by Dr. A. B. Hale.

MEDICAL ETHICS.

THE
ANNUAL ADDRESS

DELIVERED BEFORE THE

CONVENTION

OF THE

Connecticut Medical Society,

AT

HARTFORD, MAY 23d, 1860.

BY ASHBEL WOODWARD, M. D., OF FRANKLEY,
PRESIDENT OF THE SOCIETY.

HARTFORD:
PRESS OF CASE, LOCKWOOD AND COMPANY.
1860.

ADDRESS.

MR. VICE-PRESIDENT, AND GENTLEMEN:

Recent occurrences have suggested the propriety of offering to the Convention a few thoughts on the subject of Medical Ethics. It is unnecessary to revert at length to particulars well fresh in the memory of all present. The Society acting in strict conformity to regulations adopted for the management of its internal affairs, deemed it an imperative, though painful duty, to exclude an individual from membership. Whenever a controversy arises in a corporation, be it large or small, civil or religious, the popular mind naturally sides with the weaker party. If the person subjected to censure, has been guilty of no misdemeanor in the eye of the municipal law, and no transgression against the requirements of the Divine laws; if the offense relate to interior stipulations wholly unconnected with the affairs of the world at large, he is usually sure to receive the spontaneous sympathies of the public. This impulse, though apparently generous, is frequently most unjust. It is a blind, reckless, illogical impulse, dashing at conclusions without regard for intermediate facts. It ignores the right inherent in every corporation to institute by-laws conformable to the provisions of its charter—by-laws that can never impose hardships, or be made implements of oppression, because freely enacted or freely assented to by every one on whom their demands are laid. It would withdraw the matter in dispute from the cognizance of the appropriate tribunal, referring it to another which acknowledges no allegiance to the violated rule.

The history of the past year amply illustrated the truth of what we say. Several newspapers of the State officiously interfering, have thrown the gauntlet with words of gratuitous provocation. On the floor of the legislature our Society has been the subject of bitter attack. While so many filling positions of influence have been forward to condemn, have disinterested voices in any quarter been lifted

in defense? Some of our own number ably vindicated the action we were compelled to take. But for reasons already hinted at, any justification coming from the immediate members of an injured society is too often prejudged and precondemned.

It is no part of our purpose to review the merits of that controversy. Far be it from us to take the axes from dying embers and kindle a flame over the fading sparks. Leaving all personal matters behind we desire to investigate principles; to show the deceitfulness of trusting to extraneous sources for aid in the furtherance of philanthropic plans, and to exhibit the necessity and advantage of a conscientious adherence to the provisions of a carefully digested medical code.

In one respect the endeavors of the medical profession to ameliorate the condition of the unfortunate have been promoted by legislative assistance. Unaided by governmental appropriations, they could never have erected the magnificent charities which in the more important cities of the civilized world offer an asylum to thousands who otherwise would be left destitute and friendless to languish and die. In the establishment of institutions for the reception of the blind, the insane, and others whose misfortunes make peculiar demands on human sympathy, the benevolence and wisdom of the physician have been seconded by generous donations from the State.

Beyond this, equally unskillful attempts to advance the public welfare through the medium of legislative enactments have signally failed. Occasionally medical organizations have been tempted to petition for the passage of such laws as would guard the people against the impositions of the charlatan. They have simply demanded that he should lay aside the mask of secrecy, so that the suffering, ready to catch at every straw of hope, and peculiarly exposed to the arts of the empiric, might know the value of the support thus thrust upon them in the hour of need. The futility of all these endeavors, however, is now apparent. The motives of the physician have been unwisely misinterpreted. Disinterested intentions have been credited to the suggestions of jealousy or avarice. Reproach and ridicule alone have rewarded unskillful efforts to protect the public health against one of the most insidious and destructive of its foes.

These and numerous other coincident facts should teach us lessons of wisdom. It is high time to arrive at the long-qualified conviction that the honor, the dignity, the social standing and moral power of the medical profession are committed entirely to its own guardianship. Extrinsic aid we should neither expect nor desire. The

sources of usefulness and strength lie within. Buried beneath our feet are mines of priceless value. We must sink the shafts and develop the hidden wealth. Whether we aim at self-improvement or the promotion of the public good, fortunately the same means fulfill both objects at once. Through superiority of professional skill and the force of argument alone, can we hope to exact an acknowledgment of our claims.

When an individual enters a vocation, designing to make the discharge of its duties the business of life, a new class of obligations is at once imposed upon him. As a common origin, a common history, common language, manners and laws ought to invigorate the soul of the citizen with feelings of devoted attachment to the land of his birth; as in a narrower sphere, the same blood, the same associations, the same joys and sorrows, ought to unite the members of a family with inseparable bonds of love, training each to experience habitually the tenderest solicitude for the wellbeing of the rest; so the many points of common sympathy and common interest should lead every one to admission to the privileges of a professional brotherhood, to devote to the support, and advancement, and honor of the fraternity, a share of his choicest thoughts. Patriotism, natural affection, and the esprit de corps are all flowerings from one root whose radicles are inter-twined with the fibers of the universal human heart. Whoever regards with unconcern the welfare of his chosen calling, feeling no thrill of pleasure or pain as prosperity brightens or adversity darkens its pathway, could witness the dissolution of country or the ruin of kin, so far as he escaped unscathed, without a groan or a tear.

The establishment of the American Medical Association and the adoption of an ethical code introduced a new era in the progress of the profession. Until then it lacked a center. There was no adequate medium through which the enthusiasm of the earnest and the ardent could be brought to bear upon the spirits of others. If the reformer lifted his voice against abuses his words were audible to but few. If the scholar glowing with generous zeal, devised plans to increase his usefulness, his labors, the result perhaps of years of patient thought, were published under the sanction of his individual name alone. Fettered isolation and independency of action were most unfavorable to the general prosperity of medical science.

Now not only do the annual meetings draw together from all parts of the country men whose rich stores of wisdom and experience are thus made available for the common benefit, but far more than this, the precepts of the code permeating everywhere, have brought order

out of confusion and impressed the signet of unity upon all who obey its rules.

From the nature of our profession ethical principles laid down in the form of binding laws can constitute the only rational bond of union. The parallelism between the state and associations of men within the state is of course imperfect. Yet it may not be unprofitable to notice some of the particulars in which the code applied to a voluntary society, resembles in operation a national constitution adapted for the commonwealth. Points of difference will be instructive likewise.

Constitutional limitations affording guarantees against the two extremes of despotism and anarchy, conferring equal rights, securing privileges, enforcing duties, and drawing every citizen within the shelter of the law, make millions, otherwise defenceless, invincible through the union of their strength. The code working upon similar natives, though employing different means, gathers into one community the laborers in thousands of widely scattered fields. National government supreme, acknowledging no superior among the sovereignties of earth, is vested with the power requisite to compel obedience. It bars the ways of crime with fines and with prisons, that where the restraints of conscience are weak, the terrors of punishment may be strong. The force inherent in the code is wholly of a moral character, and instead of acting upon the fears, appeals to the noblest sentiments of humanity. In a series of rules adopted for the observance of physicians in intercourse with each other and the sick, are embodied the wisdom and virtue of ages. Every section breathes the spirit of philanthropy and benevolence, of manly honor and christian charity. Legislators frame laws to regulate the conduct simply. The statute contemplates only overt acts. It does not attempt to purify the fountain of human manners, for its restraints depend on the weight of penalties, and penalties are inflicted for open transgressions. Bad men can plot villainies and do wickedness with impunity so long as crafty dissemblers enable them to keep within the strict letter of the law. Our ethical system, on the other hand, strives to ennoble the outward life by first ennobling the heart. Deriving its entire efficacy from the purity of its principles, it addresses the conscience directly. The members of the Association are obligated to pursue a specified line of conduct because it is both reasonable and right that they should do so. Regulations characterized by justice and magnanimity, if inflexibly adhered to, put the sting of disability into the temptation to act unethically.

The citizen is in duty bound to obey the laws of the state. Yet in most instances he has had no personal share in the enactment of those laws. He was born under them, lives under them, and except by expatriation can not avoid their binding force if he would. Much more then ought the physician to yield cheerful obedience to the requirements of a code which he deliberately subscribed to, on admittance to the privileges of the Association. The obligation was not thrust upon him, but assumed of his own free will, so that it has the additional sanction of his sacred word and honor. And is it not the crowning glory of man to value truth more than life—under all circumstances to keep promises inviolate?

The Medical Society has invariably shunned every appearance of espionage, and instead of hunting for delinquencies, has been disposed to pass them unnoticed whenever this could be done without too great a compromise of self-respect. It employs no coercive power to compel observance of the compacts mutually agreed upon, nor does it hold out penal consequences to deter from the breaking of voluntary pledges. If any considering the platform of the Society too high, the doctrines too severe, the morality too rigid, become dissatisfied and prefer to conform to a lower standard, the doors of exit are freely open. But upon a change of views if he would act honorably, so that his name may appear without a stain of reproach, let him first seek the severance of former ties by a regular withdrawal. Then he is free to act as impulse may impel. Old associates have no right to question his motives or to reflect upon his conduct.

The right to exclude from an association a member who openly violates its laws, no one will question. In this quiet method of purification a society possesses a great advantage over the state. Governments have successively tried the most varied expedients, ranging between extreme leniency and extreme cruelty to secure obedience from subjects. Success has always been partial because punitive measures fail to eradicate evil propensities. Fear may restrain from overt crimes, yet malcontents remain within the national borders, and if chance gives them power, may strike the patricidal dagger into the heart of their country. More empires have fallen through internal treachery than the sight of foreign foes.

When, on the other hand, a voluntary association removes a member, the separation is complete. By pruning the branches the symmetry of the tree is preserved. Dissolution, the fruitful germ of discord, departs, leaving behind harmony and united strength. Efforts are not distracted by jarring councils, nor is time lost or thought con-

trained in applying remedies to domestic wounds. All the talent of the society is ready for employment in the far happier work of improving present methods of medicine, or devising better methods to take their place.

If our motives for enforcing the terms of a code were selfish, we might be justly liable to censure. But that reproach can not be laid at our door. It is the province of medicine to attack her ministering servants to the furthest hope of the array of philanthropists. They came to the contest prepared to suffer every hardship and brave every danger, to secure for others honors too often denied to themselves. When charges of bigotry and illiberality are thrown in our teeth, we can with clean hands and swelling hearts point to the deeds of our brethren. Let the destroying angel flap his pinions over the targets of the city. Let pestilence come, and in a night, without heralding his approach, or pausing to knock for entrance, cross alike the threshold of stately mansion and filthy hovel. Shafts of death fall everywhere. Merchant-prince and needy laborer, blooming maiden and grey haired sire, are indiscriminately struck by the fatal barb. The destroyer wags a terrible scepter, showing no deference to the sage, no respect for the mighty, making no obsequious bow to wealth, picking no homage to beauty, nor even offering pity to the poor creature of affliction whose cup already is crowned with sorrows. Around fashionable squares the door knobs are hung with the sable knot of mourning. Yonder quarter, that a few days ago contained many happy homes, is buried in grief too deep for utterance save in stifled sob. From the lazar of vice comes the mingled wail of lamentation and despair as the wretched victims of sin curse God and die. The hum of business is hushed. Highways no longer rattle with the wheels of industry, and the sound of bells but marks the progress of funeral trains. Whoever can, hurries to escape from such scenes of desolation and woe. Child-reft parents, orphaned children, widowed wives, leave behind their buried treasures to seek safety for what remains.

But our class never join the flight. True, and suffering, the physician is present in the thickest danger, opposing the ravages of disease, turning the scale in favor of life as the balance hangs quivering, or if the fatal crisis be past, easing the pangs of dissolution. As one and another fall and are borne away to the silent chambers of the dead, others unflinching step forward to fill the broken ranks, and too often to share a similar fate. When we think of the noble men who at the call of suffering have rushed to almost certain doom, of the

thousands who have voluntarily laid their own lives upon the altar for the preservation of others, we thank God that in the *vivier* given to the medical profession for tillage, such heroism and such self-devotion are natural products of the soil. Where else can the like be found? As the soldier moves to battle, his senses are intoxicated with the strains of martial music, the waving of banners and all the gorgeous pageantry of war. In the wild excitement of fight the coward forgets his fears. With the physician how different! Instead of the tumultuous swell of music, he hears the moans of the dying! Instead of gay persons he sees the coffin and the corpse: instead of the triumphal march, solitary heaves hurrying the dead to the grave.

The occurrence of plagues or pestilence only render more conspicuous the heroic virtues and self-denials everywhere practiced in the physician's ordinary round of toil. In the morning he starts upon his endless circle of duties with no assurance that evening shadows will bring rest to wearied limbs. Burthened with the responsibilities of life and death, he bears the heavy weight through summer heats and winter storms, midday suns and midnight gloom. Sisyphus struggling constantly to roll the rock to the mountain top and find release from his "long labor," hardly exaggerates the self-imposed fate of the physician. His work is never ended. Notwithstanding the multiplicity of hardships willingly borne, notwithstanding the individual surrenders his time, his talents, his very life to the public, notwithstanding the over-accruing responses to the calls of charity, and the cheerful performance of countless tasks for no earthly recompense, he is still accused of selfishness and illiberality! The noisiest in firing the charge are those who have reared sumptuous palaces and live in magnificent ease on the wealth beguiled from millions. Singular accusation, considering its source and its objects!

The gratuitous attacks made upon our society must be my apology for thus digressing to show that the imputation of low or sordid motives is as ungenerous as unjust.

While we meet together to interchange words of friendship and cheer, to mutually strengthen hands and hearts, we should also investigate patiently, dispassionately, and earnestly, the *status* of the profession, the dangers that threaten, and the obstacles that oppose. All human institutions are imperfect, yet have we the presumption to claim for ours any exemption from the common lot. Yet there is an ideal excellence to which noble impulses aspire. As Bunyan's pilgrim, going afar from the Delectable Mountains, dimly discerned the

gates of the Celestial City and caught a glimpse of its glory, so peering into the mists of fatuity, with the eye of faith we may see the scholars of the healing art widening and deepening their knowledge, and purifying their aims as time rolls on, till the present morning twilight shall ripen into perfect day. The road may be long, and many successive generations find graves by its side. At whatever point Providence has stationed us, whether near the goal or distant by wearisome leagues, it behooves us, since precious interests are intrusted to our charge, to labor faithfully in our day, adding what we can to the cumulative light that shall at length leave no dark corners where ignorance or deception may lurk in safety.

If individuals are tried by a proclivity toward "boasting sins," the different pursuits of life also are each exposed to peculiar temptations. The code aimed a deadly blow at an evil which formerly impeded greatly the advancement of medical science. We refer to the jealousies and contentions of professional neighbors. Disensions may arise in numberless ways. The respective friends of physicians occupying the same territory, are often extremely officious in partisan interferences. Accident often temporarily throws the patient of one into the hands of another. Frequently the sick, disappointed in expectations of sudden cure, abandon their former attendant to seek counsel and remedies from a rival. Sometimes the doctor by relinquishing a hopeless case subjects his course of treatment to the misinterpretations of a successer. Consultations, too, have been conducted in a manner suited to imbricate the poison of distrust into the minds of a confiding family—not always by words or overt acts, but through the more subtle medium of significant looks and postures. In many cases there is a collision of interests. In others the force of circumstances gives an individual the power, if he is disposed to use it, to reflect injuriously upon the skill of his competitor. Were the question of duty now referred to the arbitrament of conscience, inclination might prove a most persuasive advocate. A person judging in his own cause is apt to make a loose application of the golden rule. If he perceives advantages disconcertingly, the unsuccessful party, equally biased in deciding on the merits of the controversy, regards himself as the victim of unpardonable injustice. A slight touch widens into marked alienation, and under the influence of mutual irritation and imputations, alienation may develop itself in life-long enmity.

But we may congratulate ourselves on the fact that this evil, once seemingly incurable, has almost wholly disappeared through the

beneficent workings of the code. That has prescribed an honorable method of procedure, suited to all the contingencies of medical practice. So equitable are its requirements, so forcibly do they appeal to the conscience, that disagreements between those who have accepted it as a rule of conduct, are well nigh impossible. That its generous provisions for the security of good-will were at once adopted by acclamation everywhere throughout the United States, shows how deep and strong was the under-current of genuine charity flowing calmly beneath the surge above.

The general observance of rigid rules of ethics and etiquette offers the most available means of counteracting the pernicious results consequent on the multitude of our educational institutions. State legislatures by injudiciously chartering medical schools have the ability to work unlimited mischief. If competition developed itself solely in endeavors to afford the best facilities for instruction, complaints would be groundless. Such, however, has not been the case. In efforts to gain students, higher aims have fallen prostrate before the whisperings of ambition. Whether struggling doubtfully for existence, or entering the lists to excel in the presentation of a long array of names, our colleges are strongly tempted to lower the standard of qualifications in order that the dread of rejection may drive none away to swell the ranks of less scrupulous rivals. This more than all other causes has antagonized the exertions of the American Association to render the possession of high attainments and thorough culture indispensable to the award of the diploma. The only hope of reformation lies in the reiterated of powerful appeals to the conscience. And in the gradual enlightenment of conscience we put great trust in the widespread diffusion of the sentiments embodied in the code. While many in conversation and with the pen are eloquently urging the claims of education, this heaven, disseminated far and near, is also working silently in the popular mind. Since lessons of duty are thus inculcated, we may indulge the confidence that all will soon unite in deeming that henceforth none unworthy through deficiency of virtue or knowledge shall receive the honor of our degree.

Owing to the laxity of the present system of medical instruction, and the ease of graduation, currency has been given to the false notion that a slight smattering of general information constitutes an ample preparation for attendance upon lectures. The mistake is preposterous. Indeed to embark in the study of a science or combination of sciences, so profound in principles, so comprehensive in relationships, so subtle in reasonings, sciences in which no truth is

the broad domain of physics is foreign, and to which the most interesting departments of metaphysics are closely akin—to commence such studies with the faintest assurance of making high attainments, one should bring to the task a mind trained to deep and patient thought. Familiarity with departments of abstruse learning is not absolutely necessary to qualify the physician to discriminate diseases or administer remedies. Yet if he would elevate his labor above mere drudgery, if he would extend an influence beyond the narrow circle of his daily toil, if he would contribute his note to swell the total aggregate of knowledge ever enlarging as the generations of men pass on; if, in short, he would be a true man, true to the dignity of his calling and the interests of humanity inseparably involved, he must improve to the fullest every faculty which God has given.

While a goodly proportion of the number annually admitted to the honor of the doctorate are thorough scholars, others go forth from the schools with the meagerest mental outfit. So long as access to the ranks of the profession continues as easy as at present, it would be idle to imagine that all at the time of graduation are duly impressed with the nature of the moral obligations imposed upon the practitioner. Coming from all classes of society and all the various occupations of life, they are wholly unacquainted with the ethical relations of the pursuit they have chosen. During the period of pupilage the central of the gymnasium occupies infinitely more thought than the universe beyond. That imaginary whirlpool passed, the beginner enters the wide world to encounter trials, vexations and hardships. In the absence perhaps of friendly counselors, with no extrinsic support to lean upon, the youth, aroused to the full realization of the difficulties encircling his pathway, discovers the need of a chart. If the code is now placed in his hands and he follows the guidance of its teachings, it will prove at once both a weapon of deliverance and a shield of defense. If unpleasant occurrences have revealed the poverty of his moral resources, and his mind is enveloped in doubts, the code will disclose the way of exit from the maze of perplexities. If he is plodding unambitiously onward, never thinking upon, and therefore never caring for the broad ethical principles which underlie all that is most beautiful, and generous, and exalting in medical life, the perusal of its precepts may awaken the thrills of a new-born love.

The code has scattered good seed in every section of our country. Returns of ten-fold, thirty-fold, sixty-fold, according to fertility of soil, have already rewarded the diligence of the sower. In highly

cultivated communities its power has been more marked, because the omnipotence of public sentiment, expressed and enforced by the industrial members of the profession, has compelled laggards to quicken step or fall hopelessly behind. In isolated quarters remote from the great working centers of intelligence, the process of germination is slower. Yet the seeds of new *pacifera signis*, if not with equal power, are moving onward in obedience to one mighty impulse. Not only has the National Association, by great ingatherings and soul-stirring appeals broken the slumbers of the lethargic, and awakened dormant energies, and from its warm heart sent the gushing blood of life to the remotest capillaries, causing every artery to pulsate with the beats of renewed existence, but has still further given completeness to its plan by shattering for a law of development a code, the purest that virtue could conceive, the most perfect that the united intelligence of the world could devise.

Pard the apostle says, "I magnify mine office." The *honor*, as well as the purity and beneficence of that office were dear to the venous soldier of the cross. He wore its sacred vestments, and approached its sacred mysteries reverently and affectionately. True example is worthily of all imitation, and deeds, not words, are the appointed means. In pursuit of this end it is incumbent on the physician to exhibit the benignity of the profession in kindness of manner and integrity of conduct; to preserve professional traits inviolate; to avoid remarks reflecting on brethren of the faculty at large; to shun representations that may induce doubts in the popular mind respecting the efficacy of the healing art; and to keep clear of all participation in the counsels of men whose course is founded in secrecy or deceit. As our system is based upon no exclusive dogma, but espouses every method of cure proved by experience to be really valuable; as it tolerates no concealment of remedies, but requires their unbought publication for the common good; as it denounces injustice and imposition in every form, whether gilded with the show of great talents or employed by the petty trickster; and as it has clearly enunciated these principles in the form of rules, no one can find an apology to cloak dishonorable or equivocal practices. The walk of the physician should be pure and truthful, marked by earnest zeal to discharge every duty well, that when summoned from his stewardship he may appear with a clear conscience before the bar of God. He should cultivate unobtrusively the intellect and the heart. Thus, in devoting all his exalted facilities to the relief and well-being of mankind, he will at the same time most effectually "magnify the office" of his choice.

HYGIENE.

A Dissertation read before the Annual Convention of Fellows of the Connecticut Medical Society, Wednesday, May 22d, 1861.

BY A. E. HILLE, M. D., OF NORWICH.

MR. PRESIDENT AND GENTLEMEN: Of all the professions which have engaged the attention of men, that of the Physician has, in all ages and by all nations, been considered one of the most important and honorable. Its functions reach, and seriously affect, the well-being of man in all his varied relations, not only to this life, but also to that life which is to come. Through the instrumentality of the body only, do all the physical, mental, social and moral powers of every human being operate and manifest themselves. Without this physical organism, man is no longer man. Let any one of the functions of the body be destroyed, or suspended, or even deranged, to any considerable extent, and the man is changed in all his relations and responsibilities, both to the animate and inanimate world. Hence, the importance attached by all intelligent minds to the studious preservation of the body in a normal and healthy condition.

To the care of the Physician is this physical and potential part of man's nature committed. For him it is, to guard this citadel of all man's powers. For him, to repel the approach of every foe; to expel whatever enemy may enter; to warn of every danger, and to guard, with untiring zeal, this sacred trust. Too often have Physicians, entertaining but limited views of their calling, restricted themselves to efforts for the cure of disease, entirely overlooking the more philanthropic and noble office of forestalling and preventing it: and it will be my object, in the following remarks, to call the attention of my professional brethren to the importance of Hygiene.

Hygiene is the science of health, and properly embraces the consideration of whatever conduces to health, or prevents disease.

In order the more intelligently to discuss this subject, we will, in the first place, advert for a few moments, to the predisposing causes of disease. These may be either hereditary, or accidental. The hereditary or congenital predisposing cause is, that peculiar state or condition of the vital organs, imparted by parents to their offspring, which, under circumstances favoring its development, results in disease. This hereditary predisposition to contagious and infectious diseases, evidently exists in the great majority of the race. The accidental predisposing causes of epidemic diseases have thus far been investigated with but little success, notwithstanding all the efforts made by the most patient and accurate researchers of the most able minds. The subject is one full of interest, and affords a wide field for investigation. But, however imperfect our knowledge of the predisposing causes of particular epidemic and endemic diseases may be, the fact is patent to all close observers, that whatever impairs the vital energies of the system, acts no unimportant part in exposing the unfortunate victim of such impairment to the ravages of the various diseases of whatever name or kind, with which he may be brought in contact. History proves, beyond a doubt, that the attacks of severe diseases are most numerous, and the fatality most appalling, among those whose vital forces have been impaired by various causes of debility and prostration, and that such persons are the greatest sufferers, not from epidemics only, but also from endemic, sporadic and hereditary diseases, and from mechanical injuries. Among these causes, the most prominent are, excessive indulgence in the use of intoxicating drinks, improper or insufficient food, deficient clothing, impure or vitiated air, excess or deficiency of muscular exercise long continued, anxiety and depression of mind, debauchery and vice. The above mentioned circumstances, and, in a scarce cases, of disease and death, together with many others that might be mentioned, are not confined to the lowest classes; but in more elegant, though not less destructive forms, are they found in all the higher grades of the community. Whenever the system becomes enervated and the vital powers depressed, the individual falls an easy prey to disease. The circle is dismantled, and may be entered without resistance and rased to its foundations. Could these enervating and depressing agencies, and the consequent condition of system induced by their process, be avoided, it can not be doubted that the average of human life would be increased, so that the duration of the life of man, instead of being, as at present, one third, would become more than one

half of a century. Now, all the above named causes of debility and prostration can obviously be avoided. A comparatively pure state of the atmosphere can, with proper care, be maintained in the city, as well as in the country; within, as well as without, our dwellings, and work-shops, and school-rooms, and places of public gatherings. Sufficient and proper food and clothing are not beyond our reach, especially in this country. Intoxicating drinks can and ought to be restricted to their appropriate use. Muscular inactivity and excessive mental effort, begotting inefficiency and debility of the vital powers, can be avoided. Indeed, the whole host of practices and habits which are sapping the very foundations of our physical strength, reducing so many of our people to mere apologies for men and women, and making them and their children an easy prey to disease, and which, if not checked and withstood, will ultimately destroy us as a nation, can be avoided.

Must, if not all diseases, called hereditary, are, it can not be doubted, acquired, and, once acquired, maintain their hold on the system during succeeding generations, mainly, because the same or similar agencies which first induced the condition, on the part of the parents, continue to operate on their posterity. The question is often and properly asked, "Why are scrofula and consumption so prevalent, becoming more and more so every day?" "What is the cause of it?" The above considerations will, I believe, aid us in giving a correct answer to the question. I would say, it is the constant and accumulative power of removable agencies, practices and habits of both body and mind, that from generation to generation, deplete the vital forces of the physical system. And we may safely predict that this scourge of our country will not only continue, but increase, in a geometrical ratio, until by sad experience, we are taught the wisdom of conformity to the laws of health. Indeed, no intelligent Physician can doubt, that, if the laws of Hygiene were thoroughly understood and scrupulously observed, cases of severe sickness and premature death would become comparatively rare; or that hereditary predisposition, (except in cases of contagion and infection,) rarely developing itself in the form of actual disease, would ultimately disappear. We have, then, here, a field of effort sufficiently broad and encouraging to engage the energies of the most active and philanthropic, viz.: that branch of Hygiene whose office it is to remove those known and removable agencies which are constantly, though in most cases, silently, at work, eating out the stamina of the public health, and destroying a once manly and athletic race.

Having permitted these reflections on the predisposing causes of disease, let us now revert to the subject proper, under consideration. In the following remarks, however, I shall confine myself to reflections upon two departments only of this great field of inquiry :

First. The air we breathe, and some of the sources of its vitiation.

Second. The exercise and rest of Man's Physical, Mental, Social and Moral nature.

First, in relation to the Air we breathe.

The first want of all animated beings maintaining an independent existence, is, air. The infant's first struggle is for this life-giving fluid. This it must have, or perish at the moment. Nothing can be substituted, and every moment renews the necessity, until life is extinct. To supply this necessity to the myriads of living creatures that inhabit the globe, the all-wise Creator has provided a vast ocean of the vitalizing agent, with a pressure sufficient to cause it to permeate all permeable bodies, and thus to reach and supply the wants of all, even the most minute : and the balance between the animal, vegetable and chemical forces is so accurately adjusted, that the Hygienic condition of this all-pervading life principle is not, except in particular circumstances, vitiated to any appreciable degree, or rendered unfit to answer its grand design. And yet, man, in ways innumerable, contrives so to vitiate and defile this necessity of his existence, as to bring "death into the world," and so small part of "all our woe." Of all the antecedents to sickness and death, nothing so often, and so effectually, prepares a highway for the destroying angel, as a vitiated and poisonous atmosphere ; particularly in our cities and dwellings. How often does the city Physician, in passing from street to street, and from house to house, to do what he can to relieve the sick, the suffering and the dying, meet the very causes of such sickness and suffering and death, in an atmosphere so impure and offensive, as to make him feel that his services can be of little avail, and must soon terminate in mingling his sympathies with the bereaved ! How certainly does he know the particular streets, and with what accuracy can he, in many instances, point out the identical houses, where he will be summoned, most frequently, to witness such fearful proofs and stern rebukes of man's criminal neglect and folly.

The idea of sanitary precautionary measures has never seriously entered the minds of the great majority of the inhabitants of our cities. In confirmation of this, witness the slaughter-houses, tanneries, soap-manufactories, bone-boiling and podretic establishments ;

gas-works, stalls and sties: vaults overflowing; cess-pools scarcely covered; open gutters used as sink drains, obstructed and half filled with putrid and decaying animal and vegetable matter; piles of the shells of oysters, blisters and clams—many containing the dead and rejected animal, and all retaining sufficient of the animal to make the whole mass most offensive; the carcases of various kinds of animals, thrown into the street, and there allowed to remain until decomposition has removed the nuisance; and the masses of rejected and decaying vegetables and offal of every description; the whole, ferid and festering under the heat of an August sun. From all these sources, are rising, from day to day, and from week to week, Ammonia, Hydrosulphuret of Ammonia, Carburet and Sulphuret of Hydrogen, Carbonic Oxide and Carbonic Acid, together with myriads of organized molecules which constitute the most fatal forms of such emanations, all of which, when inhaled, even in a largely diluted state, are destructive to health and life. In certain localities, these emanations are absolutely insufferable, for any length of time, except by the squalid and sickly victims, whose senses have been deadened by the curse, and who know no better lot. In this connection I would mention a practice, in some of our cities and villages, during the hot and dusty weather of the summer months, which, though designed to add to the comfort of citizens, is, I apprehend, productive of much more evil than good. I refer to the practice of sprinkling or wetting down the streets, in order to lay the dust. Now, the dust of our city and village streets consists, we all know, of a large proportion of animal and vegetable matters, in a comminuted state, mixed with the earthy particles. While in a dry condition, very little decomposition takes place; but when moistened, chemical action, under the influence of the sun's heat, immediately ensues, and large quantities of deleterious gases are evolved, which poison the air; not only of the streets but of our private dwellings. There is also a practice common to farmers, in some of our rural districts, which can not but be detrimental to the health of those within its influence. I allude to the use of fish as a fertilizing material. In the decomposition of these fish, immense volumes of the most fetid gases are set free, which often contaminate the air for miles in extent. A sufficient covering would abate the nuisance and save the nuisance.

The air within our dwellings mass, in the course of the case, partake of all the impurities of the atmosphere without. Additional sources of vitiation, however, here present themselves, viz.: respira-

tion, cutaneous transpiration constant, for purposes of illumination, and not infrequently, fermenting and decaying animal and vegetable substances is neglected and undrained cellars, and damp walls covered by excessive paperings containing furin, gluten and albumen, is a state of decomposition. There is one other source of deterioration of the air of our houses, heated by close stoves and, the so called, hot-air furnaces, which I would propose as a subject of investigation. In what the evil consists, I have not been able to satisfy myself; but that air, at a given temperature, thus heated, produces upon the system an effect different from that heated by other usual methods, I am fully convinced. Air heated by close stoves and furnaces produces in many persons, an exceedingly uncomfortable state of the head. There is, apparently, a slight congestion of the brain, and a manifest distension of the veins and capillaries of the face and head, accompanied, in most cases, by cold extremities. The ill-effects of such a state of the air are usually ascribed to high temperature and dryness; but this does not seem to be a satisfactory explanation. The above mentioned sources of vitiation of the atmosphere, both within and without our dwellings, exist, though to a far less extent, in the open country; and so far as they do exist, exert their appropriate influence upon the sanitary condition of the people.

Respiration, and condensation for the purpose of illumination, are the two universal, and, as a general thing, most efficient causes of poisoning the air within our dwellings and places of public concourse; but in the dwellings of the vicious and degraded poor, where many individuals are crowded into small apartments, the combination of other causes is far more potent in producing that effectual condition of system which exposes the subject to attacks of disease in every form.

How uniformly is it the case that, in crowded assemblages, more especially in the evenings, when artificial illumination becomes necessary, and at private social gatherings, particularly in the winter season, when the doors and windows are necessarily kept closed, the air becomes so vitiated by the presence of carbonic acid gas, as to be offensive to the faintest perceptions, producing, upon all, a manifest depression and lassitude, and upon the more susceptible, vertigo, cephalalgia, and even fainting, followed, in some cases, by protracted and severe hemiparesis, and in others, by a palsy which is not recovered from for days. How many of our school-rooms are entirely destitute of all proper means of ventilation; so that, both pupils and teachers are compelled to breathe, over and over again, the confined

and heated air, until it is so loaded with poison, that the necessity of relief from its toxic effects becomes urgent and absolute. The windows or doors are thrown open, and, in this half-dead, *weathering* condition, our loved ones are subjected to an almost instantaneous change of temperature from eighty or ninety degrees, Fahrenheit, to zero,—an exposure, hazardous to the most robust, and, not unfrequently, proving fatal to young and delicate children.

Now, with all these agencies incessantly and actively at work, producing an atmosphere of death, in which, like drowning men, we struggle for the breath of life, is it possible for any community to live from year to year, and from generation to generation, without feeling the effects of such disregard of the laws of Hygiene? Is it strange, that infantile life, so frail, so susceptible, should, in so many instances, find the struggle too great for its feeble powers? Is it not strange, rather, that so many of our children do attain to adolescence and maturity? Is it a matter of surprise that, under the circumstances, our city population should want that manly vigor of both body and mind, and of morality too, which characterizes those of the race, not subject to such influences? Oh, that the bills of mortality are so long, and life so short? All observation proves, that, as a general rule, feeble parents are not blessed with healthy children; and that the number of births in a community, is in proportion to the Hygienic condition of that community: so that, in accordance with an unalterable law of the Creator, such a people must ultimately become extinct and give place to those who are wiser and better than their predecessors.

We come now to the second branch of our subject, in which I propose briefly to consider the exercise of Man's Physical, Mental, Social and Moral nature, in some of its Hygienic relations.

And first, of the exercise of Man's *Physical* powers:

It is an established law of our being that, without effort, continued, patient effort, man rarely accomplishes anything beneficial to himself or to his fellows. No man can think methodically and effectively, write or speak eloquently, conduct himself dispassionately, wisely and benevolently, without long continued, earnest effort. Precisely so is it with our physical system. No man or woman can have a sound, efficient body, exhibiting a perfect development of the physical, without appropriate and vigorous exercise: but with it, experience proves, that all the functions of the body are performed in a normal and perfect manner. The excretories of the skin are excited, the lungs expanded, and the blood aerated; the peristaltic action increased; the

movements of the heart and arteries rendered more vigorous, and the absorbents excited to take up and carry off more rapidly the effete and worn-out particles of the various tissues, calling for more activity in the secretions and capillaries, to replace with fresh, vitalized material, the waste thus occasioned. Thus a demand is created for food which the stomach receives with avidity, and digests with ease and pleasure; and the whole body is kept in a fresh, active, and healthy condition. Instead of a feeble, sallow body, made up of stale, worn-out material, which ought long ago to have been removed, but which, from lack of vital energy, remains to clog and poison what is left of life, we see manly vigor and activity, the beauty of health, the smile of contentment and love, and the joy of hope. Among which class of persons do we find the great majority of cases of melancholia, hypochondriasis, dyspepsia, and scrofula, in all its forms, and indeed almost every form of chronic disease? Is it among those who take abundant, out-of-door exercise, in the pursuit of some satisfactory occupation? Or, is it among the sedentary, shut up in impure air, who are thus suffering the penalty of a violated law? On the contrary, there can be no doubt, that too much muscular effort tends to depress the vital powers and expose to disease; but the danger in this direction is, I apprehend, much less than in the opposite. Most prominently do the deleterious effects of inactivity and confinement manifest themselves in the children and female portion of our city population. Children are naturally active; they love to run and frolic, and will resist, to their utmost, confinements within doors, and often take the risk of punishment, rather than forgo the gratification of Nature's impulsion towards physical development and well-being. In our cities and larger villages, little provision is made for the amusement and physical training of our children. Safe and appropriate play-grounds are so few and far between, that the advantages of them are available to a small portion only of the whole number. Permitted, now and then, to go into the streets, those of the more wealthy, refined and fashionable, are often dressed in such a manner as to restrain the natural movements of their bodies, and, attended by a nurse to protect them from accident, are taught to walk in a very proper manner, making special care not to rumple or soil their elegant attire; or else, taken into a carriage for a drive, like caged birds, they are restless and dissatisfied, and long for freedom and the exercise and sports appropriate to their age and nature. Once allow them, with companions of their age, the privilege of an open field or park, and how changed the scene! How boisterous their mirth! How wild their

delight! Their eyes sparkle with joy, and their cheeks glow with a healthful excitement. Nature asserts her dominion, and they are happy.

The preceding remarks have a forcible application to the adult, and more especially the female, portion of our city population. How little invigorating exercise do a majority of the women of our cities enjoy. Cares they have in abundance, and depressing ones, too. The fatigues of the day, the conventionalities of society, and the circumstances with which they are surrounded, impose upon them, in the form of dress, etiquette, unfaithful servants, sickly children, and a thousand useless household perplexities, allowing of no healthful physical exercise, a burden too heavy to be borne. The consequence is, a weary, sorrowful life, and an early grave. This want of free, out-of-door exercise is felt in greater force by a large class of females in our cities, whom necessity compels to incessant toil in various sedentary occupations. Their pale countenances, languid movements, and listless address, all testify to a fatal want of physical exercise. The condition of the men, except those engaged in some mechanical occupation, can hardly be said to be better. Is it surprising, that a population, growing up under such a regimen, should become enfeebled and imbecile, and that disease and death should claim them as early victims?

Secondly. Exercise of the mental powers. In the exercise, or rather rest, of our mental powers, there is urgent need of reformation. As a people, I believe we tax our intellectual faculties too severely. The mind is too much on the stretch, and too little time is devoted to relaxation and diversion from its everyday toil. Men are altogether too eager in the pursuit of wealth and power; too earnest in the speedy accomplishment of their favorite objects, and too impatient of delay. Physicians know well, that the brain, of which all thought is the function, is in constant and active sympathy with the whole organism, and that, if it be overworked, the whole system suffers; that prostration of the vital energies, as certainly and necessarily follows, as when the individual has been subjected to any other cause of debility. Rest of the brain is quite as necessary to health, as rest of the muscles, or any other part of the physical system. In perfectly healthful and natural sleep, there is an entire suspension, not only of the action of the brain, but of every other bodily function, except those dependent on the nerve of sympathetic motion of the nutritive system, and even these are partially suspended. But without cerebral repose, there is no natural, healthful repose of any part of the system. This is often illustrated in cases of delirium and insanity. Thus it is, that by continued mental

effort, the whole body suffers from debility and prostration, and is rendered more susceptible to disease. Indeed, the connections and sympathies of the brain with the nutritive system are so intimate, and their dependence upon each other so perfect, that we can not do violence to the one, without a corresponding injury to the other. This important fact is established by almost daily experience. How often are we consulted, professionally, by persons whose minds are so constantly and anxiously occupied in their daily avocations, that their health has been materially and sometimes fatally compromised. Such patients are not confined to any one class. We find them in almost all classes and grades of society.

And here, allow me to call attention, for a moment, to this excess of mental exertion, as often existing in individual cases, in our public schools and higher seminaries of learning. The subject of education has justly excited a deep interest in many sections of our State, and led to gratifying efforts to perfect our schools and secure the most efficient means for the thorough education of our children. With such facilities, both parents and teachers naturally feel a strong desire that the children should make rapid progress in their studies. The pupils are urged forward by their teachers, in some instances, beyond their capacity. Emulation, love of approbation, or fear of disgrace, often stimulates such children to exhausting application to their lessons during the hours that should be devoted to athletic sports or necessary repose. The result is, failure of health and discontinuance of their studies.

Thirdly. The exercise of man's social nature. The social element of man's nature is universal, and its influence upon his health and well-being can not, in the discussion of this subject, be ignored. This, if we except the moral or religious element, is the highest source of happiness to man, and he can no more violate its dictates with impunity, than abstain from food or from sleep with impunity. He just so far as he gives a wrong direction to his nature, in this respect, is just that degree in being unhappy, and continued unhappiness is a sure precursor of disease. Let this part of man's nature be properly developed, and he becomes a philanthropist, a patriot, a kind and obliging neighbor, an affectionate husband and parent, and a sympathizing friend, ever ready to cheer the desponding and relieve the suffering; but if he suppress or crush out this emanation of the Divine, he becomes a misanthrope, a recluse, selfish, unmerciful and cruel, a miserable fragment of humanity, disconnected with himself, and a prey to anxiety and melancholia. He has no object in life, and premature disease and death close the scene.

Finally, let us consider for a few moments, the exercise of man's moral or religious nature in its relations to Hygiene. We have it by the authority of Inspiration, that men are subject to death because of sin. If this assertion of Holy Writ be true, it would seem a fair conclusion, that if men were always true to correct moral principle, disease would be diminished and life prolonged. Could we obtain correct and reliable statistics of the relative longevity of truly moral and immoral men, they would, I apprehend, teach us an exceedingly interesting and instructive lesson on the subject of Hygiene. One fact is familiar to the observation of every experienced physician, to wit, that some of the most fatal and wide-spread diseases that afflict suffering humanity, result directly from immorality. Were the divine precept, — "Do unto men as ye would that they should do unto you," to govern men in all their relations to their fellow-men, how changed would be the condition of the race, as regards disease and death! Call to mind the pestilence that, in time of war, stalks abroad and claims its thousands of victims from the marshaled hosts, or from the starved inhabitants of the beleaguered city. Consider the brevity of human life in those countries where oppression and wrong reduce to want and degradation the miserable subjects. Think of the imbecile and sickly children of intemperate and debauched parents, whose hapless lives terminate in premature death. Then again, in addition to these objective developments of immorality, we should consider that the subjective state or condition of mind is such as to render the immoral man more liable to disease than the morally upright. He has not the composure, self-control and cheerful hope, under the trials and disappointments of life, that are favorable to health; and in sickness, he is more commonly apprehensive, discouraged and alarmed, all which conspire to depress the vital energies and lessen the probabilities of recovery. He is also more liable to fall into evil habits, which entail disease upon himself and his posterity. Follow out the effects of immorality, in any form, and mark its influence upon the health of its votaries, and say, if the abuse of man's moral nature be not the most prolific cause of sickness and premature decay.

Indeed, the moral element of Hygiene exerts its influence upon all individuals, in all countries, and has done so since man's first transgression, and it will, in all probability, be the last to be perfected.

Having thus very briefly, and I need not say imperfectly, considered the relations of the air we breathe, and of man's physical, intellectual, social and moral nature to the subject of Hygiene, may I be permitted, in conclusion, to appeal to the physicians of the good old State of Connecticut, to unite their efforts for the removal of the evils

to which reference has been made? To whom could the subject be more appropriately referred? Who are better qualified to appreciate its importance, or instruct the people, and judiciously direct them in efforts at reform? As I have elsewhere stated, the people are uninformed on this vital subject. Let us, then, scattered as we are over the State, in every town and city, familiar with every street and house, at once enter upon the work: point out the various sources of vitiation of the air; enforce the necessity of their immediate removal; impress upon the authorities of cities the advantages of a thorough system of sewerage, and drainage of all low and marshy grounds in the vicinity; the importance of paving the streets, and the danger of allowing the gutters, or slightly covered cess-pools, to receive the drainage from sinks; and the absolute necessity of an abundant supply of pure water. Let us earnestly represent to health committees, the danger of neglected vaults, and of allowing the streets to be made public depots for all kinds of garbage and refuse. And let us, by the presentation of facts, demonstrate to all, that the keeping of swine, the slaughtering of animals, the tanning of hides, and all similar processes and occupations are noxious in any city, and ought at once to be abated. In all dwellings, and especially all places of public gatherings, and in school-rooms, the benefit of thorough ventilation and the danger from its neglect should be earnestly set before the minds of the people. Let us also have a care to the habits of physical exercise of our friends, and of all to whom our professional responsibilities extend. Let us urge upon the sedentary the necessity of systematic exercise in the open air; and let us encourage the opening of public parks and play-grounds for children. Let us more thoroughly investigate the mental habits of the people, and especially of children, and advise and caution against excess. The mass of business often needs a friendly warning against over-work. As a people, we work too much and play too little; and we should therefore recommend more relaxation and amusement. All the above, and a thousand other considerations, demand our constant attention.

In short, let us be good and true men, intelligent, active, earnest advocates of all that conduces to public health, until there comes to be a public sentiment that frowns upon every violation of correct Hygienic principles. So may we hope to be remembered by generations to come, as philanthropists and public benefactors who have not lived in vain. More than all, shall we have the consciousness of having done what we could, to ameliorate the sufferings and augment the happiness of our fellow-men.

SANITARY REPORT.

BY L. S. WILCOX, M. D., HARTFORD.

MR. CHAIRMAN AND GENTLEMEN OF THE HARTFORD COUNTY MEDICAL SOCIETY:—THE Sanitary Committee, appointed for the year 1859, would respectfully report: That they have been able to obtain but small material for an intelligent and discriminating statement of the Sanitary condition of the county during the past year.

Circulars were sent out, as usual, to the physicians. In these circulars, attention was directed particularly to Tubercular Phthisis, special points of interest being indicated. The committee hoped, by thus limiting and defining the field of inquiry, to obtain more precise and important information than they would obtain should they open the whole subject of medical investigation. The history of any cases of interest, or of any epidemic, was also solicited.

But the whole county has been as silent as the grave. Indeed, we have been left to question the dew. For the "muffled drum," and the "funeral note" in the "dead march," have alone responded to our inquiries.

The elaborate mortuary tables prepared by the State Librarian, together with those prepared by the several sanitary committees of this city, have yielded us the following suggestive summaries. If our circulars come home "weeping," these mortuary results speak to us most impressively. In medicine, if not in religion, we profess to hear one from the dead, even though we despise Moses and the Prophets.

The whole number of deaths during the year 1859, was 1,531. Of these, 255 occurred before the second year; 190 from one to 5 years; from 5 to 10 years, 65; 10 to 20, 74; 20 to 30, 141; 30 to 40, 116; 40 to 50, 76; 50 to 60, 88; 60 to 70, 103; 70 to 80, 123; 80 to 90, 63; 90 to 100, 8; age not stated, 10; males, 649; females, 467; sex not stated, 15.

These deaths were, from zymotic diseases, 225; from diseases of an-

certain soul, 119; nervous organs, 185; respiratory organs, 300; circulatory organs, 86; digestive organs, 73; urinary organs, 7; generative organs, 27; locomotive organs, 7; integumentative organs, 2; old age, 50; violence, 73; unknown, 73; still born, 40. Of the forty still-born, twenty-three were obtained from Hartford, seventeen from the country towns. The per centage of still-born to the whole number of births, is for Hartford, 2.76; for the country towns, 1.13.

We propose to set forth in comparison, the city and country, in respect to the deaths of children under five years, and for this purpose, we have prepared the following table, exhibiting the deaths of children under five years, occurring respectively, in the entire county, the city, and the country towns, during the five years ending in 1859, and their per centages to all deaths from known causes during the same period.

TABLE.

Deaths from unknown causes.				Deaths under five years.				Percentages.		
Free.	County.	City.	County.	County.	City.	County.	County.	City.	County.	
1855	951	951	668	348	111	947	28.6	38.04	25.5	
1856	1062	399	162	435	451	304	42.94	50.22	39.89	
1857	1118	397	791	491	173	318	31.53	42.58	30.2	
1858	1268	268	800	317	168	249	48.62	45.47	38.78	
1859	1212	397	815	498	399	259	37.79	49.87	31.86	
Average per centages for the five years.							41.45	45.86	37.22	

It will be seen by this comparison, that the number of deaths of children of five years and under in this city, is more than eight per cent. larger than in the country, while the per centage for the whole county, rises to the high figure, 41.45.

These children's graves—so many of them! Do the stern necessities of humanity demand them for holy anticipative sacrifice? or, are not these early deaths too often begotten of hygienical and professional deficiencies? Who will hear this yearly appeal from half of Humanity?

It may not be uninteresting to the Society to hear stated the ratios of the deaths of males to those of females, during some of the critical decennial periods of life. The period of comparison includes the past five years.

The number of deaths from 20 to 30 years, was of males, 317, females, 422; from 30 to 40, males, 256, females, 253; from 40 to 50, males, 222, females, 178; from 50 to 60, males, 173, females, 156; from 60 to 70, males, 241, females, 204; from 70 to 100, males, 26, females, 31.

It will thus be seen that woman's vitality, between twenty and thirty, is much lower than man's. At this period she enters upon maternity, and for maternity with instinctive heroism she jeopardises life. The two companions tread the next decadal with nearly equal pace. And then man receives his burden, the grave responsibilities, the wearisome anxieties, and inexorable ambition. He falters. While woman rests from maternity, and gathers strength for the future struggle, her vitality rises. At sixty the costly struggle is over. The burden of six is thrown off. Her life henceforth is passionless but not joyless, and health and strength bear nobly out, from a nature purified and serene. But man at sixty, too often bereft, disappointed and worn, hastens his steps. And when the weary goal of sixty years is reached, weak woman bears her weaker companion to the grave, and still lives to plant the myrtle there.

For two years past, comparisons have been instituted between the per centages of deaths from consumption, occurring in the Connecticut river towns, and those occurring from this disease in the towns remote from the river. The larger percentage was found to alternate for the two years. This result, very desirable to be ascertained, was to be expected. For in respect to moisture, the whole territory of the county, whether adjoining the river, or remote from it, is similarly exposed. We drop this comparison, and propose to institute one between the deaths from consumption in the city, and the deaths from this disease in the country.

We believe such comparison will be just. For in all appreciable respects, climberwise and soilwise, Hartford and the country towns are similarly affected.

The comparison will be based upon the per centages of consumption to all deaths from known cause, for the past five years.

The per centages run thus:

The per centage for 1835 was, for the city, 17; for the country, 29.8; 1836, city, 19, country, 20.1; 1837, city, 9.8, country, 18.46; 1838, city, 12.46, country, 19.9; 1839, city, 10.27, country, 18.08; average per centage for the five years, city, 13.77, country, 19.47.

It appears from these data, that the whole number of deaths from consumption during the past five years, is nearly six per cent. larger in the country than in the city. If it shall be objected that this large difference in favor of the city may be accounted for in the fact, that the proportionate number of deaths of children is so much greater in the city than in the country, we will accept the supposition and apply the test.

The percentages of deaths from consumption to all deaths from known causes, occurring in persons over ten years old, during the past five years, stand thus: city, 27.8, country, 33.13. The difference is in favor of the city is scarcely diminished, and still stands at nearly six per cent. The percentages of deaths from consumption, to the entire population, is also in favor of the city. They stand at 3.31 for the country, at 1.82 for the city.

The committee proceeded no farther.

All of which is respectfully submitted.

L. S. WILCOX,

Chairman of Sanitary Committee.

A BIOGRAPHICAL SKETCH
OF
BENJAMIN ROGERS, M. D.

BY HENRY BAKER, M. D., HARTFORD.

THE subject of this biographical notice, Benj. Rogers, M. D., late of this city, was born at Norwich, Conn., April 5th, 1779.

From a short auto-biography, I learn that he attended a district school until he was fourteen years old. Afterwards he was a pupil in the academy at Norwich, until the age of seventeen. He then engaged himself to a surveying expedition at Susquehanna, Pennsylvania, where he served six months. After that service had ended, he taught a school for six months. He then entered a store at Salisbury, Conn., with his uncle, Mr. Waterman, and remained with him as clerk three years. There he married Miss Mary Austin.

He then opened a store in Great Barrington, Mass., and continued in the mercantile business for a period of four years. In 1806 he began the study of medicine with his brother-in-law, Dr. Evans. In 1809, 10, he says he spent a year with Hugo Burghart, M. D., in reading and in practice. From what I can learn of Dr. Burghart, he was a man of uncommon intellectual powers, and held the highest rank as physician and surgeon in Berkshire County.

In 1810, 11, Dr. Rogers attended medical lectures in Philadelphia, and in March, 1811, commenced the practice of medicine in Great Barrington, Mass.

The Springfield Republican, in noticing the death of Dr. Rogers, says, "he was engaged in the active duties of his profession for upwards of fifty-three years. In 1816 he was elected a fellow of the Massachusetts Medical Society. In 1837 he removed to Hartford, Conn., and in 1843 received the honorary degree of M. D., at New Haven. He continued in the practice of his profession at Hartford until four weeks before his death, a period of more than twenty years, where the community and especially his junior brethren enjoyed and appreciated the benefit of his sound and judicious counsel." "The

disease," says the Springfield Republican, "to which he succumbed was Hydrops Pericardium, or dropsy of the chest." Last spring he attained his eightieth year, and was still erect, dour, hale and vigorous, when he perceived the preliminary symptoms of this disorder. Thereafterward he was unable to assume the recumbent posture, but he persevered in the labors of his vocation and continued to soothe many a pillow, though his own head during the same time could not lie on one. A month before his decease he was compelled to resign himself to inactivity, but he preserved his quiet and rarely fortitude and altogether surprising cheerfulness to the last.

The writer can not elaborately delineate the character and excellent qualities of the friend and medical brother whose memory we revere and cherish with many fond recollections. I possess neither the early acquaintance or the requisite capabilities to do ample justice to the subject, even to compose a brief sketch of his history.

Dr. Rogers was frail in early life, and until he commenced riding. By a careful attention to regimen and diet he recovered his health and became robust, except occasional attacks of erysipelas. At the time of my first acquaintance with him he was the popular medical practitioner, pleasantly located in the then thriving and immensely beautiful valley of the Housatonic, at Great Barrington, with a practice extending far and wide over that interesting section of Southern Berkshire. He was soon afterwards elected a member of the legislature of Massachusetts, a post of honor which he filled with entire satisfaction to his constituents. Dr. Rogers possessed probably the best and most extensive library of any private practitioner in Berkshire County.

It was accorded to him by the classmates at the lectures at Philadelphia, under the able professors of that institution, that he made great proficiency, and returned to Great Barrington with a mind richly stored with the technicalities and principles of the healing art. Dr. Rogers had subjected himself to the vicissitudes of a changing climate, always active, and by an extreme regularity had acquired a hardiness of constitution that enabled him to practice his profession for half a century. He closed his career of an active and useful life in the family of his son-in-law, Mr. Winchester, at Ansony Hill, Springfield, Mass., Oct. 17th, 1855, aged over eighty years.

[Though he did not enter the profession early, yet he prosecuted it vigorously, and was probably as celebrated in those days as any physician in that region. He often quoted Dr. Burghart, his preceptor, as an uncommon man, and his views of disease must have been judicious

and discriminating. He bought many of the new works as they appeared, from time to time, and thus kept himself posted as to new theories and modes of practice, and was willing to give the new remedies a careful trial; in his later days this disposition was wonderfully continued, and though it can not be said that he gave up the old for the sake of the new, yet he adopted those latter to an extent hardly to be expected in one whose habits and thoughts are supposed to be established by age.

From his conversation I learn that he was prompt and vigorous in the treatment of disease in Berkshire, resorting to the lancet often and freely—always by the way using a spring lancet—and though his views changed in a measure after his residence here, yet he contended that on the hills of Massachusetts it was then necessary to use antiphlogistic agents freely. In his practice here he was judicious, investigating carefully the cause of the disease, particular "in getting the secretions right," but usually not medicating strongly in acute cases, which are so likely to get well of themselves if not too much disturbed. He was much consulted in chronic cases, and to them gave especial attention.

He lived in Berkshire in those good old times when social enjoyment was especially delighted in; and amongst the rich farmers, professional men and gentlemen of leisure, he found many an agreeable companion. Fond of society, with a rich fund of anecdotes and stories, with a genial humor which led him to enjoy the present, and not be too careful for the future; quick in his perceptions, liberal in pecuniary matters, and despising money for the sake of hoarding it, contending that he did good service to his fellows who distributed it, he lived in as much enjoyment as falls to the lot of most men, and was personally esteemed as a friend and a physician throughout the community.

How many of the old stories of Berkshire have I heard again and again, all entertaining, some of them ludicrous in the extreme; and related with a spirit which was sure to give them a point.

The personal appearance of Dr. Rogers was very prepossessing; his figure portly, and remarkably erect, his countenance florid, indicating the most robust health, uncommonly active and vigorous up to a short time before his death; particularly neat in his dress, and polite in his manners, he gave at first acquaintance, a very favorable impression, as a "good old gentleman, all of the olden time."

G. W. R.]

BIOGRAPHICAL SKETCH
OF
JOSEPH F. JEWETT, M. D.

BY E. D. WELDON, M. D. OF WEST GRANBY.

JOSEPH F. JEWETT was born in Granby, Ct., on the 22d day of August, 1758.

He received his academical education in his native town; where, during his youthful years, was a flourishing school, under the care of Benjamin Ely, Esq., a graduate of Yale College, and a teacher of distinguished merit.

His medical studies were pursued with his father, Dr. Joseph Jewett, a prominent practitioner of the day. He was licensed by a committee of the Hartford County Society of medicine, in 1812. During his course of medical studies he taught school several terms to the entire satisfaction of his employers; and after receiving his license to practice, removed to the state of Delaware, where he renewed teaching, while waiting an introduction to practice; thus showing a laudable enterprise for a living, as well as a commendable desire to make himself useful.

After remaining in Delaware nearly two years, and gaining the respect and confidence of a large circle of acquaintances, he received the unexpected tidings of the death of his father, who had left a large practice; thus inviting the son to a wide field of duty in his own native town.

This field he soon repaired to, and after uniting his destiny in marriage with Miss Betsey E. Reed, became permanently located in Granby (Salmon Brook Society,) where he remained in practice until his decease, January 5th, 1860.

Dr. Jewett was a man of very respectable medical attainments, of remarkable memory, and so familiar with medical terms and phrases

as to obtain from his medical brethren the sobriquet of "Medical Dictionary." He was extremely fond of miscellaneous reading, and kept constantly posted on the ordinary as well as extraordinary news of the day. His domestic relations were of the most amiable character, remarkable for gentleness and equanimity of temper, displayed not only in his own family but in all his intercourse with society at large. He valued highly the advantages of an education, and strove to give his children all such as were in his power; and often seemed to lament that his means for that purpose fell short of his fond and most ardent desires.

In practice he was more particularly distinguished for the investigation of chronic diseases, and as an obstetrician. In 1841 he was recommended by the President and Fellows of the Connecticut Medical Society for the honorary degree of doctor of medicine.

Soon after arriving at the age of twenty-one years he united with the order of Freemasons. He was early elected to the highest office in the Royal-Arch-Chapter, in Granby, which office he continued to fill with honor to himself and to the entire satisfaction of his brethren, through the remaining period of his life, a term of thirty-five years. His brethren attended his funeral with imposing ceremonies, and the universally falling tears testified to the estimated worth of their late companion.

In 1828 Dr. Jewett met with an accident by being thrown from his carriage, producing a compound fracture of his leg, and rendering him a cripple for life.

In the summer of 1859 his health began materially to decline; in the fall, there were indications of congestion of the lungs, which symptoms continued to increase until the fatal hour which called him hence. He was apparently conscious of his approaching dissolution, and seemed to anticipate the event with perfect resignation and Christian fortitude.

A BIOGRAPHICAL SKETCH

OF

HORATIO DOW, M. D., OF ELLINGTON.

BY J. W. LENTY, M. D., OF NEWBRIDGE.

Read before the Tillamook County Medical Society, April 22d, 1885.

"Each man makes his own statue, builds himself."—*Yonag.*

HORATIO DOW was born in Ashford, Conn., on the 30th of January, A. D. 1793. His father, THOMAS DOW, was a resident of Ashford, and as a citizen, was highly esteemed by his townsmen. Horatio was the eldest of seven children, of whom but three are now living.

When about twenty-one years of age he commenced the study of medicine, under the care of Dr. Joseph Palmer, Jr., of Ashford—a physician of distinguished reputation, and with whom he remained until 1817, when he went to New Haven for the purpose of attending medical lectures. While in New Haven he was a student of Dr. Gilbert of that city, and for both his distinguished preceptors he always cherished the most grateful recollections. Having previously passed a satisfactory examination, he received, on the 28th of March, 1818, a "License to Practice Medicine and Surgery," from the Connecticut Medical Society, and soon after returned to his native town.

Several months passed, after his return home, with but little encouragement to the ardent hopes of the young physician; when, unexpectedly, it was announced that Dr. Fuller of Vernon had died, and that that town was left without a medical practitioner. On the receipt of this intelligence, Dr. Dow at once determined to try his fortune and skill by the practice of his profession in Vernon. This was in the autumn of 1818, and the "new Doctor" arrived at Vernon Center on the afternoon of the same day that Dr. Fuller was buried. Inwardly congratulating himself upon his final good fortune, there arose before his mind golden visions of a bright and promising future; and the Doctor was ready to exclaim,

"There is a tale in the affairs of men,
Which talen at the flood-heads on to foam;"

when, to his surprise and disappointment, he was told that Dr. Abijah Ladd of Tolland was also about to display his "shingle" in Vernon and that he had already arrived for that purpose.

For about two weeks both of the young physicians maintained their ground, each doing what little business he was called upon to do. At the end of that time, it being clearly evident that the "supply" (of doctors) "was greater than the demand," a compromise of matters was made—Dr. Ladd agreeing to retire from the field, and Dr. Dow agreeing, on his part, to pay Dr. Ladd fifty dollars for his exit. A promissory note for that sum was accordingly signed by Dr. Dow, and Dr. Ladd immediately removed to Tolland.

The possession of a prize never affords the anticipated pleasure, and when Dr. Dow felt that all competition was clearly removed, the place wore not half the charm that it did during the strife. It occurred to him that his position was, at best, but dearly purchased; and so, in a fit of the blues, he thought he would go back to Ashford. Without a moment's reflection, he sprung upon his horse, and was soon retracing the steps that had brought him to Vernon. He rode at a brisk pace until he had gone a short distance beyond Tolland street, when his horse began to flag, and the Doctor began to reflect, "What," he suddenly asked himself, "am I doing?" and stopping his horse, he dismounted near a large rock by the road-side, upon which he sat himself down for due deliberation. In after years, the Doctor often spoke of this event in his life, and used to say that "so great was the agitation of mind, I trembled like a leaf, and the perspiration started from every pore." Finally, having decided to his own satisfaction that it was his duty and interest to go back and resume his practice, he at once cheerfully remounted his horse, and quietly made a second entrée in Vernon. From that day Dr. Dow's practice became an established fact, and his success was all that a young man similarly beset could desire.

In the autumn of 1821, after having been three years engaged in a constantly increasing and lucrative practice, he was united in marriage to Miss Mary Skinner, of Vernon, an estimable lady who still survives him. After residing in Vernon about fourteen years, he then sold his property and practice to Dr. Alvan Talcott, and removed to Ellington. He lived in Ellington, where he had an extensive practice, until 1846, when he removed to East New York on Long Island, where he remained but eighteen months. His next place of residence was New York City, but he remained only one year in the

city, and then came back to his old home in Ellington, where he continued to reside during the remainder of his days.

In the practice of his profession, Dr. Dow was certainly successful, and always obtained the confidence of his patients. To those of us who best knew him, this fact is not strange; but a brief acquaintance with Dr. Dow, would lead one to believe it quite impossible, that so impulsive a man could ingraft himself into the good will and sympathies of the sick. One of his townsmen* who knew him well, says, "the community in which he moved will remember the frank and retentive manner in which he would, at times, express himself, yet no one would cast a reflection on the purity or kindness of his heart. He gained admiration by what in most men would have caused repulsion. He was called to see a lady who was attacked with pneumonia. He had never seen the lady, but he knew that she had lived in the Eastern World for many years. When he entered the room where she was bedridden, and he found her laboring for breath and in severe pain, his first salutation was, "folks live by breathing in this part of the world; I do not know how they do where you have been." This lady afterward said, that when the Doctor thus saluted her, she "did wonder why her friends had sent for that man." As long as she continued in this region, however, she always wanted Dr. Dow if she was sick. He had her full confidence as a physician. With his abruptness of speech and quaintness of language, he often laid foundations of feeling pent up within him. If, at any time, a patient was wounded by one of the Doctor's expressions, if he ever learned of it, he was much the keenest sufferer."

* Such a man as Dr. Dow would be expected to be frank. As the weakness of man when sick is usually doubly weak, such a trait of character is not considered a physician's readiest passport to the confidence of an ailing community. Who knows so well when he is sick, as the complainant? He is not the one to be told "nothing ails you." Dr. Dow's frankness did not allow him to trifle with whimsicalities to favor his ride; yet his good common sense aided him to inspire those whose disease lay somewhere between the garments and the body, with the assurance that they would live to see another day.

It was by his well known frankness and veracity that Dr. Dow won the confidence of his patients. This is best told in the language of another of the Doctor's townsmen,† who says, "if I were to point out his distinguishing and predominating characteristic, it would be

* E. H. G. Esq.

† Rev. J. H. Burdick.

irritability; or if I may coin a word, his *self-possession*—his freedom from guile and duplicity. This trait of character shone out in all his dealings, and especially in his treatment of the sick, and at the bedside of his patients. If his patient was very sick he told him the truth, and if not very sick he told him so, and probably offended many more by the latter than by the former course. He did not like to be teased about the doses he administered. I once said to him, when sick, 'Doctor, what is that you are giving me?' He replied, 'take it, and if it does you no good I will tell.' I took it and was better, and asked no more questions."

No people better knew and appreciated Dr. Dow than did his immediate neighbors, and to them is the writer of this sketch indebted for many interesting incidents illustrative of the Doctor's peculiar characteristic traits. It would be a pleasure to record them, but it would extend this paper beyond a desirable limit. Fortunately it is not necessary, as I am happily able to give in their stead, an ably written paragraph on this point, by the gentleman* whom I first quoted. This gentleman writes, "a prominent characteristic of Dr. Dow was his general inquisitiveness. He was far from inquiring into those things with which one should not intermeddle. Whatever he saw in the agricultural, mechanical or professional relations of life was at once seized by him with a question—what is this? how is this? to what is it to be applied? He as readily endeavored to make, whatever he saw, subservient to his purposes. He was not one of those who are afraid of innovations. He did not despise old things because they were old. He even cherished old associations with fondness. He believed in progress; and in his profession, or in the management of any of his interests, he introduced all improvements that his means would allow.

"He was fond of agriculture, and he crisscross his taste and skill in the cultivation of his farm. He had the true idea of success in this, that a 'little land should be well tilled.' His efforts to improve wet and marshy lands, are prominent among those made in Ellington. He demonstrated practically the utility and feasibility of this kind of labor, as his farm now shows.

"As a public man, he was decided in his own views, and in the expression of them on all matters of public interest. He had a will to act boldly for the right, and he only needed force of language to battle for the right, and that right valiantly. He was not a man of fluent speech, and of consequence, not what we call a good talker.

But he was a capital listener, and he would listen with great eagerness and delight to hear men of sense talk. When he did speak, however, he followed the good old rule—never to speak till he had something to say.

"In one respect Dr. Dow was a remarkable man. He showed a peculiar power in overcoming evil habits. What man, at the meridian of life, is expected to change bad habits for good ones? It is rare to find one who has followed the lower instincts of life until the force of life has culminated, who then turns and becomes a model man. When such an one is found, he is an anomaly, and almost a prodigy. All who have been acquainted with Dr. Dow, have been highly gratified and deeply interested to see him, since the autumn of 1834, relinquish one habit after another, until he felt such freedom from alloyed appetites, physical and moral, that he could say, 'I feel no temptation from early evil associations.' He is an example in this respect to all. His mission in life was not a vain one, if he had shown no other attainments, except this one of self-government. He stands for the encouragement of man, showing that by persistent, well-directed efforts, evil may be vanquished, and good be made to rule.

"As a religious man, Dr. Dow's life is not without interest. He was severely schooled in family afflictions. These led him to think of his relations to another life. He had many old prejudices and associations to change. For several years past he has been noticed to be interested in practical religion, and to enjoy discourses which appeal closely to the inner life. A year and a half since, he made a public profession of religion. His own remarks made at this time indimmed the man. He said in reference to this act, 'I have been a long time shielding myself under the faults of professed Christians; I find that it is time for me to take care of myself and let others' faults alone.'"

For the last two or three years it has been quite apparent to the friends of Dr. Dow, that his physical powers were waning. There were occasional and suspicious symptoms of slight local paralysis, and these increased in frequency and degree, until it became but too evident that they were the forerunners of apoplexy. Every effort was made to ward off or delay the threatened attack. Perhaps, by medicine, regimen, and watchfulness on the part of the patient, the lease of life was somewhat lengthened; but the stroke finally and suddenly descended, and on the 28th of September, 1853, our friend was numbered with the dead.

A BIOGRAPHICAL SKETCH
OF THE LATE
DR. JAMES MORGAN,
OF NEW LONDON.

BY A. A. ELDREDGE, M. D., OF NORWICH.

JAMES MORGAN was born in England, March 29th, 1802. During his childhood his parents removed to this country and settled in New London. Having a natural fondness for the sea, which fondness was greatly increased by his residence in a seaport town, his early life was spent on the water; but this kind of life, although pleasing to his taste, did not meet the approval of his parents, and by their persuasion he was induced to abandon the sea and commence a course of study. With this change of plan, he entered his name as a student of medicine in the office of the late Dr. Mercer, of New London, and with him completed his preliminary course. Nothing seems to have been omitted in preparing himself to become a useful member of his profession. He attended lectures in the cities of London, Boston and Philadelphia; from one of the medical schools in Philadelphia he graduated in 1828. Having taken his degree, he returned to his old home, New London, and commenced practice. In 1831 he married Miss Charlotte Mercer, the daughter of his former preceptor. New London, from that time, continued to be his home, and here he engaged in the arduous duties of his profession. Dr. Morgan was for many years a member of the Connecticut Medical Society, and his membership continued till his death.

Of Dr. Morgan's attainments as physician and surgeon, his well established reputation is a sufficient guarantee. In the department of surgery, his reputation was by no means limited; surgery was his preference, and to this he had given special attention. In the treatment of diseases of the eye he was regarded as unusually skillful.

and successful. As a general practitioner he was careful and attentive, always present, and never carried away by fancies or beautiful theories. Whatever good common sense and a practical mind suggested as the proper course of action, that he adopted.

Dr. Morgan was always the friend of the poor; his charities were liberal in proportion to his means, and his gratuitous professional practice was large. No man was it in similar circumstances as to be refused the Doctor's services, and the expectation of pecuniary compensation was not a motive in his friendly attentions and intercourse with the sick. As a man he was warm-hearted and sincere, generous and upright in all his dealings, his circle of friends was not confined to those whom he had professionally served, but he made friends of all.

The disease by which his life was terminated was *Lambric Abcessus*, from which he suffered three months; he breathed his last on the third of July, 1859. During his illness, although he suffered much, he was sustained by the hope and consolation of a Christian. His faithful pastor, who visited him often during his sickness, says, "he conversed freely on religious subjects, and delighted much in devotional exercises. Some time before his death he received the Lord's Supper with much apparent satisfaction, and at last fell asleep in the enjoyment of that peace which passeth all understanding."

BIOGRAPHICAL SKETCH
OF THE LATE
AMBROSE IVES, M. D.

BY F. C. ROCKWELL, M. D., OF WATERBURY.

DR. AMBROSE IVES, late of Waterbury, Conn., was born in the town of Wallingford, New Haven Co. He was the son of Aldjah Ives, a respectable farmer in the above named place. Of his childhood and early youth we lack information. He was favored with fair advantages for a good English and sufficient classical education. He pursued the higher branches at the celebrated academy located in Cheshire, Conn. After finishing his preliminary course he commenced the study of medicine under the tuition of the late Dr. Cornsall, of the same town. From a classmate of Dr. Ives we have learned, that he was a laborious student, thorough in all of the branches of professional reading in which he engaged. He was, as in after life, extremely frugal of his time, and being favored with a retentive memory, he made excellent progress in his studies. In the year 1808, after completing his medical pupillage, he was licensed to practice medicine and surgery, and then located in the town of Wolcott, where he diligently applied himself to his professional duties during a period of nineteen years. He was a man of medium height, strong and robust, in manner and conversation pleasing. He soon obtained an extensive practice, both within and out of town, which was mostly the result of thoroughness and precision, the leading characteristics of his mind, made manifest in all his avocations. Hence the communities in which he practiced were not slow in appreciating his excellent qualities. He was much sought for by his medical brethren in consultation, in the adjacent towns. His pleasing address, intelligent conversation, which was interspersed with cheer, fulness and humor, and always evincing good common sense, rendered him compassionate and popular. Dr. Ives manifested the same care and precision in the selection of his reading matter which characterized his practical duties, reading, in comparison with some, but few

books, whilst those were selected by him with great care, and when read, were dissected as by a master's hand. An old associate and intimate friend remarks, that he ever made the most that could be made of his reading. He evinced the same discrimination and good common sense in the business affairs of life, as in the capacity of prescriber for the sick. He was prompt in attending to professional calls, and was also prompt in requiring remuneration for the services he rendered, duly considering the pecuniary ability of his individual patrons. He aimed to be faithful in the discharge of his duties as physician, and to demand of those whom he served, a corresponding manifestation of their obligations in return. Thus he educated the communities in which he practiced, to feel that the medical man, like other men, was worthy of his hire.

As the result of this course, when a young man he laid the foundation of competency, instead of poverty and want. We believe this qualification to be a valuable one for every physician to cultivate, but one that the majority of our profession do not possess. Dr. Ives' strong mind enabled him to prosecute various kinds of business with success. He was an efficient town officer, serving his townsmen in different capacities. Several times he represented the inhabitants of Woburn in the Legislature of the State. In the year 1818 he was a member of the convention for the formation of the constitution of this State. No community or individual had cause to regret the entrusting of important interests to his care. He had much fondness for offices of trust, and was eminently faithful and methodical in the transaction of business, but he took the greatest pleasure in the practice of his profession. This he followed with marked energy, until his pecuniary interests became so large that they required his whole time. He removed from Woburn to Wallingford in the year 1827, for the purpose of settling his deceased father's estate; here he remained for two years, at the expiration of which time, he removed to Plymouth, Litchfield County, where he resumed the practice of medicine. In the last named place he soon acquired a large practice, in which he continued until the year 1834; at this time he relinquished his practice entirely and removed to Waterbury, there engaging in manufacturing business. The same full success attended him in his efforts in this new sphere of duty. Through the blessing of Providence and his fortunately combined traits of character, he accumulated a handsome fortune. In the last year of his life he was afflicted with paralysis, which produced his death. He died in the year 1852, at the age of 66. He was married in the year 1817, to Miss Wealthy U. Upson, who still survives him.

BIOGRAPHICAL SKETCH
OF THE LATE
STURGES BULKLEY, M. D.,

BY F. G. BOWWELL, M. D., OF WATERBURY.

STURGES BULKLEY was born in the town of Western, Fairfield county, Conn., October 12th, 1798. His early years were spent upon a farm. When a boy his parents removed to Ridgefield, where he pursued his classical studies, under the care of the Rev. Samuel M. Phelps, a gentleman of fine qualities of mind, and superior attainments. Early in life his mind was turned towards the medical profession, and after having completed his preparatory studies, he entered the office of Dr. Nehemiah Perry, of the same place. He attended lectures in the Medical Department of Yale College, at which time Dr. Nathan Smith occupied the chair of Surgery. Having completed his course of medical study, he procured a license, as was more customary in those days, to practice medicine and surgery, in the year 1821. He established himself in the town of Monroe, Conn., where he remained in the practice of his profession till his removal to Waterbury in the year 1850. In the year 1839, the Faculty of Yale College conferred upon him the honorary degree of M. D. Professor Nathan Smith was his particular friend and instructor, and it may be in part owing to this fact, that of the branches of the profession, he preferred the practice of surgery. He was a skillful and prudent operator, a careful and discriminating prescriber, ever improving the lessons of experience. The characteristics of his mind were prudence, foresight, and conservatism, whilst faithfulness to his convictions of right preserved his integrity. In early life he became a member of the Baptist communion, but was afterwards an abundant sponsor Episcopal services.

In politics, Dr. Bulkley was always connected with the Democratic party, and was firmly attached to their principles. In the various

public offices conferred upon him by his townsmen, he proved himself trustworthy. He was frank in speech, plain in his habits, quiet in his tastes, liberal and hospitable : he walked willingly in the old ways. He was much attached to his profession, and enjoyed the confidence of his medical brethren. He practised medicine from the year 1850, in the town of Watertown, Conn., until his last sickness. He died July 2th, 1857, of malignant erysipelas, after a brief illness, with the natural force of a vigorous manhood apparently unimpaired.

APPENDIX A.

Report of the Annual Examination of Candidates for the Degree of Doctor in Medicine at Yale College for 1890.

THE Committee of Examination convened on Wednesday, January 15th, 1890, continued in session two days; present on the part of the Connecticut Medical Society, Adabel Woodward, M. D., of Franklin, President, James Welch, M. D., of West Windsor, and Timothy Dimock, M. D., of Coventry; and on the part of Yale College, Prof. J. Knight, C. Hooker, W. Hooker, P. A. Jewett, and C. A. Lindsey. After the organization of the Board, thirteen candidates read Dissertations, viz.:

- 1st. Leslie Henry Aling, New Haven, on Hernia.
- 2d. David Carfile Anny, Dimock, Pa., on Specialties in Medicine.
- 3d. John William Barber, Clinton, on Scarlatina.
- 4th. Abel Carter Benedict, Cornwall, on Dropsy.
- 5th. Timothy Higgins Bishop, New Haven, on Cataract.
- 6th. Evelyn Lyman Bisell, New Haven, on Anæmia.
- 7th. Platte Edward Brush, Dimock, Pa., on Medical Heroin.
- 8th. Samuel Farnam Chapin, Watbury, Pa., on Toxic Medicatrix Natura.
- 9th. Nelson Gregory Hall, Guilford, on The Mind Physiologically and Psychologically considered, with the Valedictory Address.
- 10th. Charles Henry Hubbard, Clinton, on Mental Influence in Disease.
- 11th. John Benjamin Welch, West Windsor, on Pneumonia.
- 12th. John Burns Williams, Danbury, on Injuries of the Head.
- 13th. Edward Prindle Woodward, Bethany, on Pithitis.

The above named candidates, after sustaining a most creditable and satisfactory examination, were unanimously recommended for the degree of Doctor in Medicine.

P. G. Rockwell, M. D., of Waterbury, and A. T. Douglass, of New London, were appointed to give the annual addresses to the candidates in 1861 and 1862. Dr. James Welch was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

The Commencement was held in the new Medical College, on Thursday evening. The exercises commenced with prayer by President Woolsey, after which a large audience of ladies and gentlemen listened with much interest to the Valedictory Address, given by Nelson G. Hall, of the graduating class. The address was highly creditable to the author. The address to the candidates by Samuel W. Gold, M. D., of West Cornwall, was particularly appropriate, and well calculated to do good, after which the degrees were conferred by President Woolsey, of Yale College.

And your committee would further report: That the facilities for the pursuit of Medical knowledge, so long afforded by the Medical Department of Yale College, and which has given to it a reputation highly creditable, presents at the present time, new and additional inducements to the medical student.

The Board adjourned to meet for a semi-annual examination on

Respectfully submitted on behalf of the Board of Examination.

JAMES WELCH, M. D., *Secretary.*

APPENDIX B.

*To the Fellows of the Connecticut Medical Society, in Convention,
Hartford, May 23d, 1869:*

The Committee of this Society appointed to nominate, on its part, Professor in the Medical Institution of Yale College, respectfully report:

That at a meeting of the Joint Committee of the Corporation of Yale College and the Connecticut Medical Society, called by written notices from Theodore D. Woolsey, LL.D., President of Yale College, and held, agreeably to call, at New Haven, Sept. 15, 1869:

There were present on the part of the Corporation of Yale College, Theodore D. Woolsey, D. D., LL.D., President, Jeremiah Day, D. D., LL.D., Benjamin Silliman, Sen., M. D., LL.D., David Smith D. D.

On the part of the Connecticut Medical Society, Drs. Rufus Blakeston, B. H. Catlin, William Woodruff, John B. Lewis, Albert Morrison. Dr. B. H. Catlin was appointed Secretary.

The President read a communication from Henry Brown, M. D., Professor of Materia Medica and Therapeutics in the Medical Institution of Yale College, resigning his Professorship.

After consultation the Committee proceeded to ballot, and Charles A. Lindsey, M. D., of New Haven, was unanimously nominated to fill the vacancy occasioned by the resignation of Prof. Brown.

B. H. CATLIN, Secretary.

NEW HAVEN, Sept. 15th, 1869.

APPENDIX C.

The Committee on Publication would recommend the following papers, viz.:

A Sanitary Report from Hartford County; by L. S. Wilcox, M. D.

The following Biographical Sketches:

Horatio Dow, M. D., of Ellington; by J. B. Lewis, M. D.

Dr. James Morgan, of New London; by L. S. Paddock, M. D.

Joseph F. Jewett, M. D., of Granby; by J. D. Wilcox, M. D.

Benjamin Rogers, M. D., of Hartford; by Thomas Miner, M. D.

Sturges Bulkley, M. D., of Waterbury.

Amosie Ives, M. D., of Waterbury; by P. G. Rockwell, M. D.

In regard to that portion of the President's Address, referred to the Committee, "relating to the advantages to be derived by the Society from the establishment of a periodical magazine," the Committee would request a reconsideration, to be reported upon at the next Convention.

Respectfully,

P. M. HASTINGS,	} Committee of Publication.
ROBERT HUBBARD,	
P. G. ROCKWELL,	
G. B. HAWLEY,	
J. B. LEWIS,	

ARTICLE III.

ANNUAL ADDRESS.

BY ARTHUR WOODWORTH, M. D., OF FRANKLIN,

President of the Society.

Read at the Annual Convention, May 25th, 1880.

LIFE.

THE mystery of life is a profoundly interesting theme for contemplation. Even in the lower grades of organic bodies—in plants and inferior animals—the student of nature finds abundant material to occupy his attention, and much to baffle his curiosity. On passing to the study of the *vital principle* as it appears in man, the subject becomes more complex, more subtle, and consequently more extensive in its demands upon our thoughts and imagination. In man the vital principle is the mysterious bond uniting an immortal spirit within his temporary and fragile tenement. In him an organism endowed with appetites shared in common with other animals, is united to a higher, a spiritual life, which opens to him a new world as well in the present as in the future. While the union between body and spirit remains unbroken, their reciprocal influence on each other has much to do in determining the issue not merely of morality, but of health and longevity also.

As man was the last object of the visible creation, he is likewise the most perfect. Made in the image of God he is launched into existence laden with responsibilities and freighted with precious hopes. Rising infinitely above other animals in the endowments of reason and intellect, he far surpasses them in delicacy and nice adjustment of corporeal structure. In the creature designed for the use of man and placed under his dominion, utility forms the predominant idea is the plan of physical contrivance. Whether made for food, or labor, or simply to sport awhile as idlers, they manifest

the possession of no lofty or ethereal qualities. The outermost circumference of their being embraces only agility, strength, endurance and docility, attributes essential to present usefulness, but pointing to no ulterior destiny.

On the other hand, in the case of the human species, from the moment the process of development commences in the germinal speck, through all the stages of subsequent growth, the corporeal frame and functions have obviously been contrived in order to make a temporary home for the soul. The immaterial part of our nature must act through the material. Bone and muscle are the obvious instruments through which an invisible spirit impresses force upon objects of sense. The presence of the spirit depends on the uninterrupted supply of food, drink and breath. The brain and nervous filaments form the medium of communication between the soul and bodily substance. In the brain resides the intellect. Along the white cords extending from this glorious temple of thought, the will transmits imperial mandates. As soon as the first trace of nervous pulp appears in the embryo, we see a subordination of all other parts of the mechanism to it. Around this as a center, and to supply its wants, are formed the heart, the stomach, and the lungs. From the earliest, crude, intra-uterine germ, the progress of physiological development is subservient to psychical development. As new conditions arise in the gradual evolution and expansion of the primitive germ, they are met by corresponding changes in organic form and functions. Respiration is successively carried on by a membrane, by gills, and by lungs; the circulation is sustained first without a heart, then with a heart of one cavity, and at length with a heart of four; nutrition is effected by a wide diversity of means till the stomach supplants them all at birth. Not only has one kind of organ succeeded another, but their very substance has changed many times by interstitial death and renewal. The only identity of the body is one of form and not of material. Yet the same principle which animated the germ, also animated the embryo, and forms the life of the man. It is this that continues identical in the distant points of germinal inception and senility. It is this that will not perish with the body but live on forever.

Life, physiologically speaking, is maintained by an incessant struggle with death. Opposing forces are arrayed against each

other, the battle never pausing to allow the combatants a moment's repose, till the destroyer gains his final triumph. On the one hand the vital power acting through the various organs of the body, transforms food and drink into homogeneous, living substance. While the creative force is busy in converting aliment into blood, bone and tissue, the chemical or decomposing force is equally active in demolishing the curiously wrought fabric. Cells and molecules are continually blended, from the mass of which they recently formed a living portion. Every organism is a micro figure or outline, which an unnumbered host of particles, ceaselessly arriving and departing, fill up. Foreign substances are introduced into the system through the digestive apparatus, and after a brief transformation into vitified atoms, leave their vitality and are cast aside. They come and go like the waters of a river. The constituents of the stream undergo perpetual change, yet the river remains the same.

If asked to define what the vital principle is, we should find the undertaking difficult. Scientific researches have unveiled many mysteries, yet many still remain beyond the ken of science. To view it, as some have done, as one of the natural powers belonging to the same group with heat, electricity and magnetism, is equally abhorrent to the sensibilities of the Christian and the dictates of reason. Were such a conception true, we should be compelled to renounce the crowning glory of humanity by the recognition of our faith in immortality. It is easy to invent general terms and refer phenomena to them. On endeavoring to apply them to exact use, however, we often find that they have led us astray into vague speculation.

So long as the vital principle animates the body, many of the laws to which matter is obedient are contravened or held in abeyance. Notwithstanding the immense waste of substance incident to the chemical reactions going on within the system, the human mechanism may continue to perform its work for many years. But let the vital knot be cut even in the midst of the highest health; the form ceases to glow with intelligence and activity, is now yielded wholly to the dominion of material forces. Myriads of animalcules burst from the stagnant juices to devour the substance which those juices a few hours before were busy in nourishing. Decomposition hurries on, and shortly the proudest offspring of creative power becomes a lustrous mass of ruin.

What we call life, then, is indicated by the presence in the body of the active spiritual part of man. Indestructible and immortal, it impresses a temporary vitality upon the particles successively constituting fibre and blood. Its potency may be inferred from the effects it works independently of the will. A full sized man has in his vascular apparatus at least fifty pounds of blood. The heart contracts seventy-five times per minute with sufficient force to propel its contents through the aorta to the minutest capillaries. Assuming that there are five pounds of fluid in the effluent currents, this weight will be lifted forty-five hundred times in a single hour by the involuntary pulsations of the heart. Or if we suppose the muscular exertion thus equally diffused over a period of sixty minutes, to be concentrated in one effort, more than twenty thousand pounds would be lifted by the heart and hurried to all parts of the frame. Yet such immense labor is hourly performed for many years, and with an ease that leaves us entirely unconscious of the outlay of force which keeps this hydraulic engine at work.

When we reflect upon the consumption attending every movement of the body, whether voluntary or involuntary, upon the delicacy of its machinery, and the continuity of its labor, we wonder how it can last so long. Other animals, vastly superior in strength though breathing the same air, and subsisting on food exactly suited to their wants, sink into decrepitude before man has half attained the maturity of his growth. Generally speaking, a coarse, tough, and imperfect organization indicates the strongest tenacity of life. The gnarled oak leaves the storms of many centuries. Inscriptions found on the shell of the turtle attest its existence with widely distant points of time. Animals of simple structure have exhibited manifestations of life after entombment for immemorial ages. Pacing in wild beasts and domestic animals, we find an astonishing diminution of vital tenacity. As their organization is more perfect, their wants more numerous, and their extensive function more exalted and therefore more exhaustive, so their powers are more rapidly consumed. Man presents an exception to the general law. The two extremes of organization—the most complete and the most incomplete—are alike in resisting most successfully the ravages of time.

Pausing, by, as foreign to our present purpose, the obscure physiological analogies which intimate the possession of certain qual-

ities in common by all long-lived creatures; we think that the superior longevity of man is due in a great measure to his spiritual endowments. Reason; intellect, soul, place him in communion with a world entirely distinct from the world of sense. Two natures mysteriously united is the body. High mental and moral culture imperceptibly refines and improves the physical texture. Brain-substance and muscular fiber become more delicate and enduring under the influence of judicious intellectual training. Moreover from the domain of thought and fancy, of emotion and affection, are drawn wonderful supplies of nourishment that spiritualize and lengthen life. The immaterial, shadowy, yet potent food of the mind, does not, like corporeal aliment, require a destructive process for its assimilation. Here, unlike the physical forces producing waste and repair, which at best maintain but a doubtful equilibrium, all the figures ought to be found on the profit page. Mind acting normally, is pre-eminently original and creative. In this view the appropriation even of the accumulations of others is to the student a quasi original process attended with the charm and benefit of novelty. Since spirit is immortal, it can not wear out with use. It follows that through his intellectual and moral nature man derives from the invisible world of thought and feeling, constant accessions to the store of vital force.

Mental cultivation, pure social enjoyments, the indulgence of refined tastes, possess an efficacy far transcending the excellencies ascribed to their elixirs by medieval alchemists. Literature bearing down the stream of time precious treasures of knowledge, perpetuating the cumulative wisdom of the past, and ennobling for ever the creations of fancy by enlarging and ennobling the arena of human action, adds to the duration of human life. Music, painting, sculpture, in short whatever imparts pleasure through the medium of the higher attributes, accomplishes the same end by softening the asperities and diminishing the friction of our earthly journey. The hopes stretching forward into an eternal hereafter and making man a prospective sharer in all possibilities of happiness and glory, wonderfully augment his resources for resisting the deadly agencies of time.

Again, the gift of reason, a faculty denied to other animals, enables man to discover the laws of health. We learn from experience that certain articles are wholesome and certain others injurious

when used for food. But substances indigestible or poisonous if taken in excess, may prove extremely valuable in minute quantities. Experience gives us facts. Reason interpreting the meaning and significance of facts, deduces from the multiplicity of them a few uniform rules. Unseen causes active in nature, manifest their existence by their effects. Reason taking up apparently isolated and independent effects, explains their origin, connection and purpose. Without reason, man would have a poorer chance than the beast for the preservation of life, because he would lack, besides, the guidance of instinct. Yet it is common to speak of man as a child of nature who attains the highest physical perfection in a state of barbarism. Some seem to think that the external surroundings of the savage, almost unmodified as they are, by the interference of reason, are pre-sufficiently conducive to health and longevity. In their view every change wrought by civilization upon primitive habits is necessarily deleterious to the human constitution. But such a position is wholly untenable. Experience and common sense alike contradict the dogma. An All-wise Father never decreed that the idle barbarian should in any respect excel the enlightened. Is not every good the fruit of toil? Not only high attainments but even comfort is the result of much arduous labour and thought. Our existence is a perpetual struggle against obstacles, and without obstacles to overcome life would hardly be worth the name. In tropical regions, the spontaneous growth of the cereals supplying the means of subsistence without exertion on the part of the native tribes, they seldom ascend above the foundation-stone of civilization. In high latitudes many severe avocations must be vanquished to secure even the continuance of the race. While nature is still kind, she makes the fruition of her bounties dependent on the intelligence and energy of those who would enjoy them. She furnishes seed and soil, and then sternly commands us to work for harvests.

Nor are her impositions less exacting when the granaries have been filled in autumn, for before the corn is ready for food it must by an important chemical process be transformed into bread. Our clothing, our houses, in short all the comforts about us, are directly or remotely the offspring of an infinite of toil, study, and ingenuity. The combinations necessary to form the steam-engine or the factory-loom, were at possible three thousand years ago as to-

day. But man was compelled to discover for himself the capacities thus latent in iron, wood, and water. The richest bounties of Providence are not obvious to the senses. The Creator hid countless treasures out of sight, that the pursuit of them might stimulate human intellect to action. As gold and silver and coal are buried in the earth, as pearls rest beneath the billows of the sea, so the most valuable truths and principles are often concealed far below the surface.

Reason, enlightened by study, is as important in the investigation of the laws of health as of physics. The unrestrained promptings of nature are often most dangerous guides. Wisdom purchased at the cost of many bitter experiences, admonishes man to beware of yielding blindly to her impulses. If we would seek security against the dangers which beset our pathway, we must exercise intelligence, resolution, and judgment at every step. Hygiene as a science, like chemistry or botany, can only be elaborated by patient research.

Appetites are essential to the preservation both of the individual and the species. But their innate strength is an ever-present temptation to harmful excess. Virtue springs from the proper control of the active animal impulses, and virtue is the twin brother of health. When passions are riotous, and the siren songs of pleasure most seductive, reason at the same time like the voice of warning, and fortunate is he who heeds it. Life is enmeshed with perils, but many of the most insidious are in a measure of our own creation, and may be shunned by prudence.

Infants at birth are like boats pushed from the land into a dangerous ocean. Some go down in the act of launching. As the boat moves from the shore, one after another of the tiny craft disappears beneath the wave. A third have perished ere the weakness of childhood grows into the strength of youth. They are now entering upon the most tempestuous part of the sea. The wind no longer blows in steady currents, but in fitful gusts and furious gales. Yet how large a share of the rash navigators spread every inch of canvas, and bound recklessly over the surging waters. Wrecks are abundant—wrecks shorn of former beauty, goodness, and strength. Some having dashed into these perils with headlong indifference, as if by miracle escape. Many escape, however, with torn sails and shattered sides, maimed and maimedly. Another division, having safely passed the shoals and quicksands of youth, leave the

scorns of mankind triumphantly. It is needless to remark how generally their good fortune is due to past moderation and prudence.

In old age the benefits of early obedience to hygienic laws, appear most strikingly. Where the system has been abused, the organs successively fail to perform their normal functions. Incalculable suffering is engrafted upon a constitution permanently shattered. Existence becomes a curse, and death, though shrouded in dread uncertainties, is often coveted as the last remaining boon. But a man's evening is not more serenely peaceful than the old age which concludes a life of virtuous self-restraint. As the sun sinks with even rays adorn the western slope, embellishing its glories upon the clouds, and bidding adieu to day in the midst of golden radiance, so such a man passing the verge of life, enters the confines beyond, so naturally and beautifully, that death seems but the sweet repose of a wearied body.

Of a hundred children, few will pass the moderate limit of three score years and ten. Of a million, only two or three will reach their centenary birth day. Yet on referring to the early annals of the race, we learn that the uttermost limit now allowed to the continuance of life, found our ancestral ancestors in the fresh bloom of manhood. Century followed century ere they were bowed to the grave by the weight of years.

In this connection two questions naturally suggest themselves:

I. What has caused this degeneracy?

II. Is restoration possible?

1. When the first pair came from the hand of God they embodied the highest ideal of physical perfection. We may well believe that their organism was so complete as to confer what would now seem a miraculous immunity from suffering and decay. The first transgression, however, lifted the floodgates of destruction. Thereupon an empire of peace was invaded by untold poisons and debasing lusts. Moral turpitude and physical degeneracy stalked forth arm in arm. The earliest born of man was a murderer. Soon the corruption of the race demanded the extinction of all save a single thread in the waters of the flood. Cities were destroyed by fiery showers. Even earth herself gaped open in seems to engulf the impious. As the tide of wickedness rose the span of life grew shorter. Sad practices both multiplied the

Some of disease had diminished the capacity for resisting their ravages. Now an inexorable law interposed its decree—"The iniquities of the fathers shall be visited on the children,"—a decree fearfully infallible. The dissipation of the father reappeared in the sickly form of the son. He in turn surrendered a more fragile body to the gratification of similar appetites and lusts. Thus the work of destruction had progressed, till for many countries past, a large percentage have been born without sufficient vitality to survive the period of infancy. Many cursed with the transmitted penalties of sin, are unfortunate enough to evince the perils of infancy only to suffer till the feeble thread of life is extinguished by the first rough branch it encounters. Armies of microbes, brandishing the sword of death, have thus been sent forth to work destruction.

This truth is further illustrated by the hereditary character of many disorders. Poisons dissolved in the blood, tendencies to certain kinds of death, pursue families for generations. Gout, apoplexy, scrofula, consumption, often descend as an inheritance from parent to child. A novice entering upon the study of medicine, is astonished to find that among the predisposing causes of disease the hereditary taint enjoys such unenviable preeminence. And this is frequently augmented on a stock by excesses or sins. The burly English fox hunter suffers the pangs of gout with the more equanimity since the twinges of his great toe are a sure token of the luxurious habits of his ancestry. Over-indulgence in wine and rich food imperceptibly introduces into a family the apoplectic diathesis. Let the venereal virus once circulate in the blood and burrow in the bones, and the poison will reappear in the sickly countenance and frail figure of the great-grandchild.

In tracing the lineage of an individual we find that the number of ancestors increase in a geometrical ratio with the receding generations. There flows in his veins the blood of two parents, four grand parents, and so on in the scale of ascent. Assuming that there have been no intermarriages among them, the tenth degree of removal will give more than a thousand ancestors for that degree alone. This consideration shows how inherited predispositions to disease may intermingle and multiply with the lapse of time. We no longer wonder that millions annually perish on the threshold of existence. It ceases to excite surprise that we so sel-

dom meet even with distant approximations to perfect physical development. When the sculptor wishes to cut in marble an Apollo or a Venus, he is compelled to take a face from one, a bust from another, an arm from a third, a hand from a fourth, till minute and isolated excellencies of form have perhaps been culled from the people of an empire to give embodiment to a solitary ideal.

The causes enumerated are sufficient to have reduced markedly the average vitality of the patriarchal period. Add to these the prevalent ignorance of hygienic principles and contempt for their observance. We have already spoken of the deleterious effects of intemperance and vice. But aside from intemperance, many causes operate uselessly but surely in undermining health. Some are so prevalent that familiarity with them blinds us to the extent of their baneful influence. One drawing after its momentous consequences, is brought daily to the notice of the physician.

Upon the constitution and maturity condition of the mother depends in a great measure the stamens of her offspring. Yet by sedentary habits, by the persistent neglect of exercise in the open air and sunlight, elements essential to the well-being of all forms of life, American women are very generally impoverished for transmitting a vigorous stamens race to their children.

Again, the injudicious management of the young, often diminishes to a still lower point the scanty supply of vitality with which they were furnished at birth. Infants are confined in close rooms, buried in blankets, fed on highly seasoned and stimulating food, dressed with coolies, and comforted with tea, coffee, candy and milk, all of which are absolute poisons to their delicate organs. In consequence of such nursing, life is intensified and their whole being exalted to a state of preternatural sensibility, whereby the predisposition to disease is fearfully increased. We are persuaded that the secondary appetites have sometimes been fully formed during the first year of infancy. The babe cries, whereupon the nurse administers some alcoholic preparation to relieve an imaginary colic. The "medicine" evidently works like a charm, for the wailing ceases and deep sleep ensues. A recurrence of the cry brings a repetition of the dose. Yet the apparent slumber was not the repose of nature, but the stupor of intoxication. The child thus wickedly outraged is in reality a drunkard. The thirst for spirituous liquors is fully developed. During early boyhood

the appetite may retain latent because the means of excitement are removed. But when temptation is thrown in his way, a solitary sip may revive the slumbering taste. The demon seizes upon the youth with pitiless power, and he takes to the cup with the reckless self-abandonment of the confirmed sot.

But it is painful to pursue in detail the causes of the physical deterioration which we all experience and observe. The tables of mortality, the multitude of early deaths, the rare instances of longevity, and the long list of human infirmities, indicate a sad decline from the strength and endurance of the early progenitors of the race.

2. A more interesting inquiry relates to the possibility of renovation. Can the boundary of life be enlarged? Can the limit of threescore years and ten be pushed far backward in the measure of our earthly destiny? Many considerations support the affirmative of the question. Both facts and the reasonable interpretation of general principles authorize the belief that the average duration of life is much shorter than it ought to be. Instances of great longevity are not wanting in modern times, and from them we may learn the essential conditions of longevity.

Thomas Parr, an English laborer, reached the age of one hundred and fifty-two years. His last undertaking was a visit to London, whither he was drawn by the desire of the king to see so rare a curiosity. The unassuming contentment now substituted for the lonely fast to which he had always been accustomed, killed him. A post-mortem examination, conducted by Dr. Harvey, revealed a perfectly healthy condition of the internal organs. No sign of decay was visible. Even the cartilages were not ossified, death ensuing solely from the action of rich food.

Henry Jenkins, of Yorkshire, died 1670, in the one hundred and seventieth year of his age.

The case of the Indian, Cornus, affords a remarkable instance of renovation. At forty he was brought to the brink of the grave by a career of dissipation. Physicians assured him that speedy death was inevitable, recommending a spare diet in the place of further and useless medications. Having greatly reduced his allowance of food and drink, he rapidly recovered, becoming stronger than ever before. Like a wise man he afterwards adhered to the frugal regimen. Twelve ounces of food, and thirteen of drink,

continued his daily allowances for sixty years. Meanwhile, by cultivating a philosophic and equable frame of mind, he avoided all extremes of passion and feeling. At the age of eighty, overcome by the importunity of friends, he increased the quantity of his nourishment. This change in diet was followed by dejection, pain in various parts of the body, and in a few days more by a fever, which for five weeks kept him suspended between life and death. On recovery, by strictly observing former habits of abstinence, he lived till his hundredth year in the enjoyment of fine health and unclouded spirits.

This case shows the recuperative force inherent in the human constitution. At the age of forty, Cornaro was prematurely old. Excesses had nearly exhausted the vital fuel allotted to him by the Creator. Yet the residue, by tempering economy, continued to hold out and reproduce itself for a long period of time.

The pliability of our organs is certainly great. A broad margin in the use of food and drink is tolerated without immediate ill effects. The robust may fare luxuriously for years with hardly a twinge of pain as a reminder of the danger. But long and severe tension will destroy the elasticity of the best beer. The boasted digestion of the epicure at length fails. New stimulants are resorted to and stronger passions follow. The sufferer learns too late that every superfluous pound of food, requires for assimilation the expenditure of a portion of reserved vital force.

Individuals who have attained an extraordinary age have invariably husbanded their physical resources by rigidly temperate habits. Most of them are found among fishermen, farmers, and others whose pursuits in the open air unite agreeable diversion with wholesome bodily exercise.

One fact often brought to the notice of the attentive observer, is conducive as to the value of frugality and abstinence. Delicate children not unfrequently reach extreme senility. The grey-haired patriarch will tell you of his early weakness, dwelling at length on the cure which purchased a vigorous manhood and hale old age. At a time when temptations were strongest, and visions of pleasure most seductive, fragility of constitution deterred him from indulgences to which harder comrades gave way. Robust youths fairly brimming with exuberance of life, are prone to temper recklessly with their glorious gifts. Seldom experiencing pain, hui-

trade or fatigue, they learn to look upon them as evidences of unusually weakness. In toil, in sport, in all the wild outburst of nature, they rush to extremes. Under such pressure the machinery of the body is rapidly worn. Iron muscles become rigid, and stiffness settles in the joints. One organ after another fails to perform its work properly, till premature death closes the scene. On the other hand, the viduinary, carefully, though perhaps unconsciously, pursuing a course of uniform moderation, finally reaches the goal, years after the fleet runners, whose exploits were the admiration of his youth, have disappeared forever from the course.

In your journeyings you sometimes have taken passage in a steamer built chiefly for speed. Her timbers are sound and her joints close. To insure the requisite swiftness, a powerful engine has been incorporated as an integral part of the craft. As the boat gets under headway, you are astonished at the velocity of her motion. But from stern to stern she quivers like a leaf. The planks beneath your feet palpitate incessantly. The suspended lamps, the slack crockets, in short all movable objects, rattle in unison with the tremulous floor. You feel assured at once that the boat can not long withstand the wear and tear of the mighty force propelling it.

So excess of whatever character wears out the human frame. Severe bodily labor, close application to books, and the many kinds of violence which may grow into daily habits, make unnecessary drain upon the reserved fund of life. In many cases the supply which might have lasted sixty years, is exhausted in six. "Let your moderation be known," is an excellent sanitary maxim.

The physician of this enlightened age has a higher duty to perform than the simple administration of medicine to the sick. It is incumbent on him as guardian of the public health, to go behind mere symptoms and pains, to investigate ultimate causes, to ascertain by patient research the essential conditions of health and longevity, and then to teach others the truths he has learned. He who is content to combat this or that sign of disease with the weapons of the material method, is stumbling at the threshold of his work. It devolves upon physicians to take the foremost rank in endeavors to improve the physical condition of the race. Many discouragements may deter him from entering heartily upon this high mission, for patients are frequently obstinate pupils. Not a few prefer the

temporary gratification of indolence, intemperance, or luxury, to the lasting enjoyment consequent on rigorous self-government. The doctor must expect to see his warnings disregarded, and his affectionate appeals treated with practical contempt. But let him persevere. The civilized world is awakening to the importance of the subject. It turns discontentedly from the massive wisdom, the ingenious inventions, the sublime discoveries, the God-like triumphs of humanity over material things, to the fragile bodily forms composing the basis of this all-coopering civilization. Within a few years, medical statistics have been industriously collected. Legislatures have aided in gathering the information which is in fact the truth of theories. Physiological departments are being established in academies and colleges. Improved sanitary regulations have been adopted in the army and navy. The march of reform has extended to factories, to mines, and to other fields of labor where large numbers are congregated within a narrow compass. Another gratifying feature of the times worthy of our heartiest commendation, is the systematic course of physical exercise adopted in many elementary schools, as a part of the regular training. With so much to offer encouragement in the popular movements of the day, we ought to redouble our exertions for bringing the laws of health home to the knowledge and conscience of the people.

Although hygienic truths have been diligently investigated by members of the medical profession, and now form an invaluable part of medical learning, the community still remains more profoundly ignorant in this department of knowledge than almost any other. They are content to adopt the suggestions of science in the ventilation of public buildings and other matters of common concern, without a thought that the same principles contain an intimate relationship to their own personal and immediate well-being.

The present generation, like many before it, is suffering for sins not its own. If the living representatives of the race desire to improve its quality, it becomes them to transmit as light a burden as possible to their successors. The capacity for self-cooperation belonging in a greater or less degree to every individual, is ready to aid in the removal of the inherited weight of our infirmities. If the outside forces which foster disease and break the constitution, should cease to operate, evidences of pristine vigor would soon

begin to reappear. God bestowed upon man at first a perfect physical structure. It has been reduced to its present disordered state by errors and sins. Yet through all its misfortunes, we believe the original possibility of perfect health has survived, though hidden from view by the mists of corruption which folly has engendered. This obscure possibility or germ is evidenced by that quality of the vital principle which sometimes revivifies the system after being worn out by abuses and brought to the brink of dissolution. Reformed drunkards, lifted from their degradation at the last moment compatible with the continuance of life, have slowly regained their lost powers and lived for years. Digestive organs in all appearance hopelessly ruined by paupering the appetite, have become strong again from rigorous abstinence. Infants after hanging over the grave for weeks from the tenacity of the vital thread, and children of the utmost fragility, have through careful nurture, attained to a ripe maturity. When the strong have studiously husbanded the fund of life, they have in repeated instances survived to see more than twice three score years and ten.

Facts like these show the potency of the principle. Hiberno it has antagonized the efforts of all the deadly forces perpetually at war with our existence. For forty centuries it has repaired the wounds made in numberless ways upon the human constitution, preventing the further deterioration of the race. We may reasonably infer that if all mankind should wholly abstain for several generations from actions and habits prejudicial to health, allowing the recuperative power full scope, posterity would in the end regain the noble physical development which our ancestry lost.

And what is to prevent each one from contributing his part, both by precept and example, to forward so glorious a work? The life-long toil of the parent is sweetened by the reflection that the offspring of his blood will thereby be furnished with the means of improvement and happiness. The benevolent old man plants trees by the wayside that the traveler may enjoy the shade, long after he himself has sunk to his final slumber. The motive of transmitting a tarnished reputation has saved some from the commission of crime. Let such natural and generous impulses widen their sphere of influence. Let the father and mother be as anxious to bestow on their children a good constitution as a large fortune or honored name. Surely, the reward extending far downward into coming

time, and blessing millions yet unborn, will a thousand fold repay for the self-discipline that the man of to-day may feel called upon to practice.

Statistics gratify us with the assurance that the advance of civilization has greatly lengthened the average of life. But present melioration is only a dim foreshadowing of what we may rationally expect hereafter, for the comforts incident to increasing prosperity and wealth are sufficient to have produced it. When to the advantages of better houses, clothing, and food, are superadded the benefits of judicious physical culture; when pure intellectual and moral pleasures take the highest place in the affections, the work of restoration will go forward in a manner worthy of our rapidly progressive civilization.

ARTICLE IV.

HEREDITARY PREDISPOSITION.

The Annual Dissertation, read before the Association May 22d, 1861.

BY JOSEF N. LEWIS, M. D., OF BIRMINGHAM.

GENTLEMEN.—One of the pleasing peculiarities of Medical Science is, that it opens an unbounded field of thought and profitable research to the range of its devoted followers; while the great and important discoveries that have there been made, the new and beautiful theories that have from thence been elucidated—theories so true, thus beautiful—the practical, the useful, the benevolent results that the civilized world has realized from this fertile field during the last few years, prove not only its vast extent of territory, but also the industrious toil, and unflinching zeal of our estimable, though really benevolent profession.

Whilst, then, many acknowledged truths have been derived from this fruitful source, and numerous facts placed beyond the possibility of dispute, there are still, as is well known to you, not a few inquiries of the greatest interest to mankind, that as yet remain wholly unanswered, or whose solution has not hitherto been satisfactorily determined. It becomes, then, a matter of duty which we owe to ourselves, our profession and our common brotherhood, to pursue attentively some of these inquiries, and gather therefrom whatever facts may have been well ascertained by others; or contribute freely thereto, if happily we can, whatever may tend to the elucidation of so philanthropic a subject.

The main effort of the practitioner of medicine doubtless is to battle with disease; his labors ever urgent, his toils endless. Yet, it has often been both our duty and our privilege to bestow the far greater blessing of prevention or protection, which some of the

more modern discoveries in medical science have rendered so efficacious. The science of prevention, technically known as Hygiene, which had been so long neglected by medical men, has of late demanded and received the attention of many of our most talented physicians. It has become, at last, a fixed feature among our social institutions, so that there are probably few communities among civilized nations, where its laws are not recognized, though unfortunately, seldom wholly obeyed. There is, probably, no department of our elevated science, that can be of more interest to us as medical men. How often do we meet, in our daily practice, with cases of mental or physical suffering which baffle all our skill to cure, but which, through proper agencies, might have been greatly mitigated, or perhaps wholly prevented. How often, in our investigations of disease, are we able to trace back a continuance of bad or deadly habits, which have finally led to the development of some incurable malady. How often, too, do we witness a constitutional predisposition to disease, which is unquestionably inherited, and in not a few cases the manifest result of excesses committed by parents, and "visited upon the children to the third and fourth generation."

Surely, gentlemen, this is a subject of paramount importance, and worthy of an able pen than mine. I shall not, therefore, presume to enter upon a discussion of its numerous details, but propose to occupy your attention with a few remarks upon one of its many interesting features. I have already alluded to that previous fitness for, or inclination to any disease that is transferred from parents to children, and which is generally understood as hereditary predisposition. It is to some inquiries upon this subject, that I would respectfully request your attention. Now, I would wish to be fairly understood, at the commencement, as making a wide distinction between hereditary diseases and hereditary predisposition. Generally speaking, the diseases themselves are not inherited, though it seems to be commonly admitted that there are some exceptional cases, where a disease has been communicated directly by a mother to the fetus. There are numerous instances on record which seem to prove this fact. Well authenticated cases are related of children having been born with all the symptoms of small pox upon them at the time of their birth. In some instances the disease has run its course previous to birth, and the child bears

only the characteristic traces of the disease upon its skin. Similar statements are made concerning syphilis; and it is further declared that tubercles have been found in the lungs and brain of still-born infants whose parents were consumptive. In such cases, the child is born with the disease fully developed, and unquestionably inherited directly from its parents. These, then, clearly constitute hereditary diseases. We are not, however, born with the apoplexy, gout, cancer, mania, consumption, and numerous other affections of our progenitors; but instead, with that inherited constitutional tendency to those diseases, which may be deemed the germ-cell of the disease, and which only await the fecundating influence of age, or other favouring circumstances, when it undergoes a wonderful development, until it at length assumes the characteristic features of the parent disorder. This, then, constitutes the hereditary predisposition to disease, which we all positively know to be, in some instances at least, transmitted from parent to child.

The law of hereditary transmission is by no means one of recent discovery. Some of the earliest writers were cognizant of the fact, and were attentive observers of its workings. HIPPOCRATES gives in a somewhat extended notice, and places much emphasis upon its certain action, especially in morbid tendencies. It has also been referred to by TACITUS, in his historical writings, and at a later date by LOCRETIUS.

Occasional contributions upon the subject may be found among the more modern writers, some of whom have treated it with much skill and judgment. One of the ablest and earliest of these writers was MERCATUS, who a little more than two centuries ago published some valuable ideas upon the nature of such affections as are susceptible of hereditary continuation. His investigations led him to believe that the quality, character, figure, essential structure, proportion or disproportion, whether of one or of several members, as it appears in the offspring, was engendered in the parents, the grandparents or the great-grandparents, and are similar affections or defects to those pre-existing in the ancestors; that nature employs the same instrumentality in transmitting them, whatever may have been their origin, and that children are born similar to their parents, and deformed with like members.*

* *Cum patrum, materiam hereditarii affectus generis definitione pateretur etiam. Quippe ad similitudinem quam qualitas, character, stigmata, membra*

At a much later date Portia wrote that "not only are the marks of the body transmitted from father to son, but also a resemblance of temper, complexion, and imitations of the mind."

It is a fact well known, from multiplied observation, that children often possess the external form or features peculiar to one or the other of their parents. There are also family faces and family likenesses, which are oftentimes so strongly characterized by particular lines of countenance, that we can distinguish one brother by his resemblance to another, or know a son by his likeness to his father or mother, or even recognize the peculiar feature in persons of the same blood who are more distantly related. In isolated districts, where custom, prejudice, or other favoring causes have tended for a long time to restrain or prohibit the intercourse of a people with neighboring communities, a peculiarity of physiognomy becomes developed, and distinguishing mental and physical characteristics are the well-known result. The early Irish, and the former class of Scotland, were striking instances of this fact.

A few very able writers, in referring to the subject, are disposed to ascribe this similarity in features and fashion of body to training and education, or to an imitative spirit of imitation, which leads the child to copy the habits and even the moral qualities of the parent. It is doubtless true, that those who entertain the same current of thought and emotions, may in time acquire such an habitual expression of mind or countenance, as shall lead to a farmed resemblance. It is thus that husband and wife are supposed to grow like each other. But this explanation will hardly suffice for those peculiar resemblances which occasionally come under the observation of every one. HASTAX quotes an example where "a son had the gait, voice and handwriting of his father, though the father died before the son had been taught the use of the pen, and who probably never saw the handwriting of his father."

There are congenital, organic peculiarities also, which in some instances are known to have been transmitted through several suc-

salutatis, proportio quodammodo dispositio, vel impressio præter naturam in uno pluribus, vel omnibus membris generatim impressa, a vi orta ex vi seminis parentum, ætatis, aut generis, a simili affectu in omni, aliquo membro vel membris præter naturam quopiam prævalentem: quo rebus inveniuntur summa, vel crassa alia vitia, ut talis illi seminis generis et talis hinc fœditas. *Morues.*

cessive generations. MARVIN¹ informs us, that there were two families in Germany who have been distinguished for several generations by six fingers on each hand, and the same number of toes on each foot. In our own country we have the well-known instance of Zerah Colburn, the mathematician, who, in common with a large number of his relatives, descending from a common ancestor, had six fingers and six toes. This peculiarity was readily traced through four generations. Beyond that the pedigree was lost, or it probably could have been traced through many more. PLINY has mentioned examples of six-fingered persons among the Romans: such individuals received the additional name of *sedigitus* or *sedigitus*. HATAM gives an account of a web-footed family, whose father, grandfather and great-grandfather were all web-footed before them. I am myself acquainted with a family who have a remarkable deficiency of the feet, which peculiarity is known to have existed through several successive generations. The thick lip introduced into the Imperial house of Austria three centuries ago, by the marriage of the Emperor Maximilian with Mary of Burgundy, is yet visible in their descendants. WARREN gives the case of a gentleman "who had the misfortune, some years ago, to have a bastard child laid to his charge. At first he had some misgivings on the subject, and suspected that he might have no title to the credit, or rather discredit, of the imputed paternity; but all his scruples were satisfied when he found that the child had six fingers on each hand, for he had himself possessed two small supernumerary fingers, which had been amputated when he was an infant."²

In speaking of the hereditary transmission of organic qualities, an inquiry of no little interest and importance naturally suggests

¹ A writer in the Westminster Review [April, 1861] mentions a Maltese couple, named Kellin, who had born to them a son Gratia, who possessed six perfectly movable fingers on each hand, and six toes, not quite so well formed, on each foot. Gratia married a woman with ordinary hands and feet, and their eldest son, Saltrator, possessed the hexadactylous members of his father. Their three other children had the pentadactylous limbs of the mother. All these children grew up and were married to normal wives and husbands. Saltrator had four children, three of whom exhibited the peculiar hands and feet of the father and grandfather. The same hexadactylous peculiarity appeared also in the progeny of the brothers and sister of Saltrator, being reproduced in the grand-child, though failing to appear in the child.

itself, namely, whether *acquired* conditions of body can be transmitted? The lower animals have often furnished means for experimental investigations in physiological science, and such interesting evidence has been thus derived, that has a direct bearing upon this inquiry. "Every one conversant with beasts," says an able writer in the *Edinburgh Review*, "knows that not only their natural, but many of their *acquired* qualities, are transmitted by the parents to their offspring." The writer then goes on to relate a curious example of this latter fact, in the Pointer dog.

In the *Philosophical Transactions* for 1813, Col. Humphries, F. R. S., relates an instance of a new breed of sheep arising from a lamb having been born with singular proportion and appearance. It appears that a Massachusetts farmer, named Seth Wright, who was the proprietor of a farm on the banks of the Charles River, possessed a small flock of ordinary sheep. In the year 1791, one of the ewes presented her owner with a male lamb, possessing very short, hunchy legs, with the ordinary long body of the common sheep. It was observed that his deformity rendered him less able to jump over fences, which was considered a quality worthy of propagation. The young ram was therefore carefully preserved and bred from, and many of his offspring inherited his deformity. These were made to interbreed with one another, and the result fully justified the anticipation of the owner. An entire new breed of sheep was thus produced, and was called the Ancon or Oiler sheep.

Mankind, zoologically, is subject to the same laws which govern all animals; and it is doubtless true that the numerous defects of mind and body, which are so easily induced by our antinatural habits, are handed down to posterity, and thereby tend to impair the beauty, symmetry, and physical development belonging to our race. Fortunately, however, *acquired* physical peculiarities, when the result of art or accident, are generally not transmissible.

"Many nations," says Dr. PRITCHARD, "mutilate their bodies into steatod forms; the Indians flatten their foreheads; the Chinese women reduce their feet to one-third their natural dimensions; savages elongate their ears; many nations cut away the prepuce. We frequently mutilate our domestic animals by removing the tail or ears; and our own species are often obliged by disease to submit to the loss of limbs. That no deformity or mutilation of this

kind is hereditary, is so plainly proved by everything around us, that we must feel some surprise at the contrary opinion having gained any advocates. After the operation of circumcision has prevailed for three or four thousand years, the Jews are still born with prepuces, and still obliged to submit to a painful rite. Docked horses and cropped dogs bring forth young with entire ears and tails. But for this salutary law, what a frightful spectacle would every race of animals exhibit! The mischances of all preceding times would overwhelm us with their united weight; and the catalogue would be continually increasing, until the universe, instead of displaying a spectacle of beauty and pleasure, would be filled with maimed, imperfect, and monstrous shapes." In view of these facts, therefore, I think we are justified in adopting the opinion, that those peculiarities in bodily structure that are born with the individual, have a tendency to become hereditary; while changes in appearance or constitution which are the result of accident or disease, and which happen *posterior to birth*, generally terminate with the individual, and have no influence upon the offspring.

Admitting, then, the fact of hereditary transmission, as it presents itself in the external form and features of the individual, are we not prepared to believe that the same cause may lead to essential peculiarities, in form or structure, of the important internal viscera? For numerous reasons, we must necessarily conclude that such results do follow. We know that decided variations in the form and capacity of the skull has corresponding peculiarities attending the cerebral mass within it. We know, too, that that which determines the different races of mankind, for the most part lies in the hereditary transmission of some characteristic peculiarity in the size, shape, and perhaps constitution of the brain. It is quite certain that the cerebral development in the European, American, Negro, Hottentot, Malay, and Australian, differs as widely from each other as does the external configuration of their skulls. To this fact we attribute the equally conspicuous differences in the mental attainments of the respective tribes. The hereditary predisposition to those peculiarities which characterize the different races, is obviously but the working of the same physiological laws which, in a modified manner, govern the liability of an individual to inherit the family qualities of his ancestors. So far, then, as concern pathological conditions which arise from some ce-

genic defect, it can not be a matter of surprise that a peculiar and decided predisposition to such conditions must exist in the offspring inheriting such peculiarity of structure.

It is, however, notoriously true, that diseased action does not invariably follow hereditary tendency to it. There is a striking fact observable in hereditary dispositions, which sometimes permits an individual to altogether escape the family idiosyncrasy, or at least, if it be inherited, it seems to lie dormant through life. But even in such instances the predisposition is not always lost. It may fail to show itself in one generation and yet appear in the succeeding. The child escapes the disease which reappears in the grandchild or great-grandchild. We can only account for this curious alternation by supposing that the individual who seemingly remains an hereditary anomaly which he does not possess, does so by virtue of the latent principles of the predisposition which he has inherited, but which in his case have never been developed. As it is not disease, but a predisposition to it which is inherited, it follows that in all cases there must be sufficient exciting cause for its development. An individual may be so fortunate as to escape those causes, or certain physical conditions may occur which serve to counteract them, and yet hand down the constitutional tendency to his children, in whom may break out the old disease of the grandparent.

It has been supposed by some, that in the propagation of hereditary peculiarities, the father's influence was stronger and more certain than the mother's. I presume this opinion has sprung from the fact that the offspring of two distinct varieties, whether of the human family or of the lower animals, more generally resemble the father in feature and constitution. Thus, in the case of equine hybrids, the physical characteristics of the common male are well known. The male, which is the offspring of the male ass and the mare, inherits more of its size than of the horse, both in the shape of its head and ears, and in its disposition. On the contrary, the horse's likeness greatly predominates in the hiny or barlean, which is the offspring of the horse and the female ass. *Barleu* or *equus et assæ*. The hiny is little esteemed in the United States, and but rarely seen. The head is comparatively small, the ears short, the disposition rather that of the horse, and the voice is not a bray, but a neigh. Similar facts are observed in the ox tribe

and in canine hybrids. Dr. MORTON observes that "when the pure white man is crossed on the negro, the head of their mulatto child ordinarily resembles more the father than the mother; but where a negro man has been coupled with a white woman in their offspring, the color, the features, and the hair, of the negro father greatly preponderate. In the common mulatto, the degree of intelligence is absolutely higher than in full blooded negroes. About this deduction, no dispute exists among medical practitioners in our Southern States, where means of verification are peculiarly abundant."* But of the grade of intellect in the other variety—that is, in the product of the white woman and the negro man, Dr. Morton's observations were not sufficient to enable him to state decidedly. Dr. Pritchard remarks that "in cases of intermarriage between a dark-skinned and one of an opposite or antithetic variety, the complexion of the offspring is seldom intermediate, but resembles that of one of the parents, for the most part that of the father." Judging from these analogous facts, it is possible that the father's influence in the transmission of racial tendencies, may be more powerful than the mother's; but we need more statistical evidence upon the point before the accuracy of the opinion may be placed beyond doubt.†

Marriages of consanguinity, I am convinced, have a strong influence upon the development of hereditary idiosyncrasies—that the offspring of parents who are themselves blood relations, are much more certain of inheriting family peculiarities and infirmities, than are the children of parents who are not connected by ties of blood relationship. The influence of blood intermarriages upon offspring seems to exaggerate and develop such tendencies to family infirmities as may exist in the parents, although the infirmities may be so trivial in the parents themselves as to be dormant or unnoticed. It is not at all singular that the offspring of family intermarriages should be peculiarly susceptible to hereditary influences; for if any peculiarity is in any way hereditary, it is but reasonable to suppose that intermarriage would render it doubly so. Much labor has been bestowed, and many hundred pages have been written to prove, either the truth or the falsity of the popular assertion, that mar-

*Types of Mankind.—Nott and Glendon.

†LEWIS, in his treatise on Syphilis, regards the transmission of that disease as "invariable when it comes from the father."—Page 75.

riages of consanguinity tend to the deterioration of the offspring. In discussing this question *per se*, I can readily believe that different opinions may be entertained, and opposite conclusions reached. But when we look at the matter in the relation which our immediate topic is necessarily brought to bear upon it, I think that much of the difficulty is overcome. It does not follow, because in one thousand cases of marriages of consanguinity the offspring of nine hundred have been in some manner deficient, that such is invariably the rule—for we may easily collect observations of precisely similar defects in the children of parents who are not connected by ties of blood. Again, many instances of marriages, or incestuous intercourse between blood relations of the nearest degrees of relationship, have produced children who were at least equal, physically and mentally, to any others. In such cases, however, the parents have almost always been extremely robust, and found to possess no known family idiosyncrasy. Let there be any remarkable physical or mental deficiencies in such parents, however, and we shall find, as an almost unexceptionable rule, that these deficiencies are reproduced in an exaggerated form in the offspring. So generally will the results of observation go to substantiate what is here advanced, that one is led to believe that it is hereditary predisposition which determines the weal or woe of such offspring.

That peculiar condition of organism which we designate *temperament*, is remarkably subject to continuation in the offspring. It may be well to give this fact something more than a passing remark. We generally understand by the word *temperament*, as here used, a preëminence or disproportionate development of some one or more of the vital organs. Such a peculiarity of development, although often in itself consistent with perfect health under suitable precautionary measures, is nevertheless generally admitted to be a predisposing cause to certain disorders; the different varieties of temperament each preferring, so to speak, their favorite class of diseases. This inequality of development, when strongly marked, is usually observed as affecting the nervous, the bilious, or the lymphatic systems; or as sometimes more strongly manifested in the circulation of the blood, and constituting that which we designate as the sanguine temperament. Each of these has not only its peculiar influence upon the physical health, but also a decided

effect upon the faculties of the mind. When we find in the parent a temperament prominently marked, and especially when both parents possess the same physiological development, we may surely expect, not only to find the same condition reproduced in the offspring, but sometimes subject to such an exaggerated development, as to induce that morbid state of body which we denominate a *diathesis*. This condition of body can no longer be considered consistent with health and longevity; but disease itself, if not early manifest, is continually threatening, and requires the interference of well-regulated hygienic measures. We look upon our patients, under these circumstances, as possessing a scrofulous, a rheumatic, a syphilitic, or some other specific diathesis—that is, with a constitution highly susceptible to some of these particular diseases.

Careful observation has determined that the lungs and brain are the organs more generally susceptible to hereditary influences, and the diseases of these organs are usually regarded as those most liable to hereditary confirmation. Thus scrofulous disease, or that particular form of scrofula which we commonly designate *phthisis pulmonalis*, is perhaps the most widely diffused of any inherited diathesis. Other affections of the brain or lungs—namely, *asthma*, *apoplexy*, *epilepsy* and *insanity*, are also liable to be reproduced in the offspring. The same may be said of some diseases of the skin, and of cancer, gout, rheumatism, urinary calculi, cataract, deafness, and perhaps of some other disorders.

We have mentioned scrofula as the most widely spread of all inherited affections, and when we regard the extreme mortality of this frightful malady, the subject becomes one of intense interest and importance. No other disease so commonly destroys its victims in early life. Even the fetal existence of the scrofulous subject is one of extreme peril, as at least one-fourth of such children die during the term of intra-uterine life. The frequency of such abortions are well-known, and the fact seems to indicate an intense degree of disease existing in such children. Of those who are born alive, fully one-half are cut off by death in infancy. It complicates all the diseases of youth and of adult life, and renders them full of danger. Finally, the very few who reach a more advanced period of life, are extremely liable to cerebral affections, cutaneous ulcers of a most intractable kind, malignant disease, and in the female sex, to obstinate uterine diseases.

Hereditary predisposition to scrofulous diseases, is not generally denied by authors. On the contrary, it is regarded by many as not only the most common cause of scrofula, but it is even doubted by some whether the disease can originate *de novo*, by reason of any other than hereditary influences. LACROIX, in an able treatise, remarks that "inheritance is the general cause of scrofulous diseases, and the only one we have been able to recognize and detect. Our investigations on the pathological causes, and external occasional causes, have satisfied us that they have but little influence, while our inquiries as to the health of parents whose children are scrofulous, have constantly presented the same results." Again, he says, "My opinion becomes more and more confirmed that those affected with phthisis inherit it. I know of no well ascertained fact of phthisis pulmonalis supervening in a man exempt from all hereditary predisposition to this fatal disease."* On carefully interrogating scrofulous patients, we generally ascertain that the disease is known to have existed in some branch of the ancestral tree. But there are occasional, obscure cases which are by no means so easily accounted for. Whole families of children whose ancestors were themselves apparently free from all scrofulous taint, have died of consumption. One after another, at about the period of puberty have, without any apparent or known cause, passed gradually into that peculiar kind of cachexia, popularly called a decline, and ultimately die of phthisis. LACROIX disposes of such cases in this manner: "When the origin of the disease does not seem referable to the health of the parents, we soon satisfy ourselves of the occasional causes to which it might be subject, and if those causes do not exist, we admit inheritance. One of two things must then be the case—either the scrofula must be hereditary, or there is an effect without a cause. We say it is hereditary, and this is true of the upper and middle classes of society, who are subject to hereditary causes, but are not liable to external influences which could render individuals scrofulous; this is also true of most artisans, whose health is strengthened by labor till it procures for them the comforts of life. Inheritance must also be admitted in cases of this kind, for another reason, because it is very possible that the physiological state of one of the ancestral parents may be injurious to the

* *Lacroix on Scrofula*.—Page 11.

* *Ibid.*—Page 126.

generation, which, however, is not sufficiently marked for us to detect." Perhaps the great difficulty in the way of a more satisfactory explanation of this matter, lies in the fact that our present limited knowledge of disease does not enable us to determine with sufficient accuracy, the boundaries that divide a state of health from that of disease. For it often happens, that in cases such as we have supposed, when children die of consumption and the parents were at the time apparently free from all tendency to scrofulous disease, that in after years one of the parents may become a victim of the self-same disease. When such is the fact, it seems to show that the hereditary tendency was in all probability transmitted to the children, in whom the disease became developed at a much earlier period than in the parent.

Some direct experiments have been made which seem to elicit at least negative evidence, and go to prove that scrofulous affections, or a predisposition thereto, is not communicable in any other manner than by inheritance. These experiments consisted in the introduction of tubercular matter into the circulation of animals; and in quite a number of instances, the repeated inoculation of the human subject with matter derived from scrofulous ulcers. No other result followed than to lead to the opinion just stated—namely, that the inoculated person was not thereby rendered susceptible to the disease. This fact is also of some importance as enabling us to know that there can be no possible introduction of a scrofulous taint into the system by the use of vaccinia virus.

We have enumerated *apoplectic*, *asthma*, *opistery*, and *epilepsy* among these diseases which are subject to hereditary influences. These affections are seldom developed sooner than middle life, unless we except *epilepsy*, which sometimes commences with infantile convulsions. There are numerous instances where the tendency to each of these diseases is known to have been transmitted through many successive generations. In such cases they unquestionably depend upon some organic peculiarity which predisposes the patient to the disease; but no peculiar pathological condition has yet been revealed that has a tendency to throw much light upon the subject.

I need hardly remind this Society of the utmost importance, both in a legal and a moral point of view, that attends the investigation of hereditary disposition in insanity. Though there are un-

questionably numerous cases of mental derangement where no disposition to insanity has been known to exist among the ancestors, yet the facts that have been reached by careful tabular statements, prove but too surely that a large proportion of the cases of insanity are of a purely hereditary origin. Where deranged manifestations of the mind have long existed in a family, and a number of generations have been affected, the danger of insanity becomes fearfully greater. SEGUIN* thinks it more natural to explain hereditary insanity, like all other hereditary dispositions, by the corporeal conditions by which the powers of the mind are manifested. Sight and hearing are instruments of the mind; but there is hereditary blindness and deafness on account of the material conditions on which the power of seeing and hearing depend. In the same way he considers hereditary idiocy, and every hereditary predisposition to insanity, as the result of the bodily apparatus by which the faculties of the mind are manifested.

While it is true that hereditary tendencies manifest themselves more commonly in affections of the brain or lungs, it is also well known that the same influences are often an important predisposing cause in some diseases of the skin. Every practitioner must have observed this fact. It is not always the self-same affection of the skin, or the tendency thereto, that is transmitted from parent to child; but it is generally the case that the disease in the child, if not identically the same, is one of the same class of diseases which characterize the parent affection. This is particularly observable in squamous diseases. Erysipelas is also one of the skin affections which sometimes manifest a strong tendency to hereditary transmission. I am well acquainted with a family in whom the tendency to this troublesome disease is known to have been transmitted hereditarily for several generations; and notwithstanding numerous healthy alliances by marriage, the offspring have uniformly been to a greater or less degree, afflicted with the family disease. So invariable has been the fact of its hereditary continuation, that one of the family in speaking of it remarked, that Erysipelas and ——— (the family name) must be synonymous terms.

The hereditary transmission of the malignant diathesis, giving rise to the varied forms of cancer, is so common a fact not to have been recognized at all periods. As it is usually a disease of adult

* *Systeme on Insanity*—Page 205.

life, it is highly probable that in numerous cases the disease is attributed to other than hereditary causes. Often when there has been a well known predisposition existing, the disease may not manifest itself till maturity is attained. "In the majority of instances it is about the commencement of the latter stages of life—from the ages of forty-five to fifty-five—in both sexes, that the system begins to indicate its inability longer to conceal the necessitating load of inherited evil. Often the infliction of some external injury, of so trifling a nature as scarcely to have produced a momentary disturbance of a child's temper, will be sufficient to set in motion a series of disasters that shall not cease but with life. The slight blow or contusion, the situation of which had been lost or forgotten, will, after a length of time, reappear as a lesion or a tumor, and the localization of a constitutional taint is thus determined. In some cases it breaks forth without any accidental cause whatever, while in others the external phenomena are preceded by constitutional changes of a nature peculiar to this diathesis."⁴

Gout is generally admitted to be hereditary in predisposition, and rheumatism, to which it seems closely allied, is supposed also to be liable to hereditary constitution. There can be little doubt that the gouty diathesis is often generated by too great indulgence in a full and luxurious diet, especially if combined with sedentary habits; but the disease is much more likely to occur, *ex teris paribus*, in the offspring of gouty ancestors, than it is in other persons. Of 522 gouty patients, according to Sir Charles Scudamore, 332 acquired the predisposition by inheritance. In 113 patients, 51 could trace the disease to the father; 7 to the mother; 3 to the father and mother; 6 to the grandfather, and 1 to the grandmother, in which cases the disease had made a leap over a generation; 3 to the uncle, and 1 to an aunt; while in the pedigree of the remaining 48 the disease could not be traced.

It is a well known fact that there exists in some persons a morbid disposition to the deposit of lithic acid and the lithates, constituting that which is called the *lithic diathesis*. With all the labor that has been bestowed upon it, the etiology of these depositions is still very obscure. Under some circumstances the formation of these concretions seem to be intimately associated with a gouty

state of the system. Perhaps the condition of the blood, which is known to be abnormally charged with fibrin in both the gouty and the calculeous diathesis, is chemically the same which, in the one instance leads to a chalky deposit about the joints, and in the other to the formation of urinary calculi. Let this be as it will, it has been sufficiently proved that a constitutional tendency to these deposits often exists in the offspring of persons who have themselves been afflicted with calculeous depositions.

There is an undoubted hereditary tendency, in some families, to cataract and other affections of the eye; and the same remark is as truly applicable to the various defects causing *deafness*. Most cases of impairment of any of the special organs of sense, which are referred to a hereditary origin, are generally attributable to some organic defect which has existed from birth.

We have thus recapitulated the more important affections that are liable to hereditary transmission. There are also numerous instances on record of other disorders which have had their origin in hereditary influences, but the matter becomes greatly simplified, if we admit that "in all diseases to which a predisposition was inherited, the blood is the part of the system where the germ of the hidden evil is to be found, the substratum which fosters its existence and growth, and the medium through which alone we can successfully or curatively operate."*

With reference to the curative treatment of this class of diseases, it is not within the purport of the present occasion to remark. All efforts that are likely to be of much avail must be principally of a preventive kind. A knowledge of all the facts relating to hereditary influences, however complete, may not enable us to institute a more effectual treatment for the removal of disease, after it is once fully established; yet it will often give us the opportunity of placing those of our patients, who are more immediately in danger of hereditary influences, so on their guard against all excesses and exciting causes, as to effectually ward off or delay the threatened malady.

If we could trace it back to its original starting-point, we should doubtless find that each and every hereditary taint that is now productive of so much mischief, had its origin in the vicious habits or

* *Whithead's Hereditary Diseases.*—Page 63.

excesses of some ancestor more or less remote. There has been, no doubt, a time when these unhealthy predispositions did not exist. It also requires but a brief investigation to determine that the causes which tend to the production of hereditary maladies are continually at work, and undermining the foundation of both our physical and mental structure. All excesses, both of mind and body, tend not only to impair the physical frame, but also to engraft feeble constitutions upon the offspring of those persons who abandon themselves to such excesses. In too many instances for the welfare of our race, has it proved true that "the fathers have eaten sour grapes, and the children's teeth are set on edge."

An evil so wide-spread, and attended with such fearful consequences, as is that of an inherited predisposition to the most incurable and destructive diseases that afflict mankind, is no doubt a subject deserving of serious investigation. Philanthropy naturally raises the question—what can be done to remedy or eradicate so great an evil? In olden time, when the "chief end of man" was to bear arms against a foreign foe, it was deemed prudent not to permit sickly infants to grow up. The legislation of ancient Sparta ordered the sacrifice of those children who were too feeble ever to become useful in defending the country. "This revolting custom, at least, would spare the newborn babe the infirmities attached to a suffering existence, and it also had the advantage of preventing those individuals from propagating, and from giving birth to children whose fate would be still more unfortunate than theirs; and finally, it was the means of preventing marriages, except between healthy persons." The civilization of our day holds up its hands in holy horror at the mention of such sacrifices, and yet it scruples not to violate nature's strict laws, and thereby begets a feeble, sickly, scrofulous race, that grows up a living sacrifice to its parents' follies. The propagation of hereditary maladies, and especially of scrofulous affections, by marriage, is a fact too fully established to require an extended notice. While it is not expected, or even considered necessary, that all persons predisposed to scrofula and kindred diseases should remain in a state of celibacy, it is at least desirable that when the marriage of such persons be determined, that it be subject to certain measures of precaution.

In the first place, it is of importance that such persons enter upon a matrimonial connection at an appropriate age. Prolonged

marriages are notoriously productive of a feeble offspring, and the same thing is known to be as true, when the parents have passed the meridian of life. According to LECOT, whom we have before quoted, twenty-five years is the earliest age at which a man should marry, as all marriages contracted before this period of life are liable to be followed by an effeminate offspring. Neither should a scrupulous female marry under the age of twenty-one years. It is also of importance that the parties be not of the same temperament, which of itself, as we have previously shown, is productive of much evil. Nor ought they to be in any wise subject to the same morbid predisposition, and above all other considerations, of the same blood relations. These are facts, which, though well known to physicians, are not generally understood or appreciated by the community at large, when it so seriously affects. Should there not be a more general diffusion of intelligence upon a subject that so nearly concerns the welfare of our race?

"The seeming severity of the law of hereditary transmission, is tempered somewhat by its certainty and uniformity, and the absence of all necessity, in the majority of instances, that we should subject to any of its penalties our coming posterity." When men arrive at the perfection of reason, but not till then, they will govern themselves fully by considerations such as we have suggested. In the mean while, it is the duty of our profession to urge them on all fit occasions, and thus to modify, if we can not control, the conduct of those whom we advise; to approximate as nearly as may be, the good we can not absolutely attain.

ARTICLE V.

SANITARY REPORT.

Read before the Hartford County Meeting, April, 1861.

BY L. S. WILCOX, M. D., CHAIRMAN.

THE Sanitary Committee appointed for the year, 1860, would respectfully submit the following report:—

The whole number of deaths in the County, during the year 1860, was 1,530: of males, 769; females, 750; sex not stated, 11.

There occurred during the first year, 304 deaths; from the first to fifth year, 296; from 5 to 10, 96; 10 to 20, 89; 20 to 30, 139; 30 to 40, 113; 40 to 50, 87; 50 to 60, 112; 60 to 70, 98; 70 to 80, 160; 80 to 90, 57; 90 to 100, 12; age not stated, 27.

These deaths, by classification, were—from zymotic diseases, 481; from diseases of uncertain seat, 147; nervous organs, 202; respiratory organs, 346; circulatory organs, 33; digestive organs, 66; urinary organs, 19; generative organs, 16; locomotive organs, 9; integumentative organs, 1; old age, 57; violence, 81; unknown, 31; still-born, 40.

The census for 1860 affords an opportunity to ascertain the exact percentages of deaths to the populations of the county and towns. The percentages have been ascertained for the county and for all towns numbering more than three thousand inhabitants, and those numbering less than one thousand. They run thus: for the whole county, 1.62;—of towns of the first class: for Hartford, 1.43; New Britain, 1.84; Bristol, 0.9; Enfield, 1.62; Farmington, 1.43; Glastonbury, 1.56; Manchester, 1.73; Southington, 1.93; Suffield, 1.84;—of towns of the second class: for East Granby, 2.64; Hartford, 2.11; Marlborough, 3.23.

Burlington returns the highest mortality rate of all towns in the county—it is 3.59; its population is 1,028. Bristol has the lowest average mortality, it being .09; its population is 3,436; and generally the small towns have a higher relative mortality than the large, by a ratio of nearly two to one. This high rate for the small towns, is only temporary. The mortality bills for preceding years exhibit a lower percentage.

The whole number of deaths in the county for 1860, exceeds that of 1859 by 199. This excess is distributed principally, indeed almost wholly, among the following classes, viz.: zymotic diseases; diseases of uncertain seat; of nervous organs and respiratory organs. The excess in the class of zymotic diseases is 106; of respiratory organs, 46.

Two or three circumstances may be mentioned as possible causes for this large increase in the number of deaths from diseases of these classes: 1st. The meteorological condition of last year was one of unusual moisture. 2d. The towns of greater mortality have a large exposure, both in respect to soil and situation, to moisture and high winds. If this second circumstance may be included under the first, it is also, so far, confirmatory of the asserted legitimacy of both as acting causes. 3d. An epidemic influence has prevailed in some parts of the county, manifesting itself particularly in Diphtheria.

The number of deaths returned from this disease is 74. They nearly all occurred in the course and vicinity of the Farmington river. Thus Caston returned 15; Burlington, 8; Farmington, 4; Avon, 5; Simsbury, 3; East Granby, 1; Suffield, 16.

The first notice of this disease by the mortality bills, was in 1853. Its stealthy approach had already fatally surprised many unfortunate victims, and to-day many of our households are feeling the desolation of its early, covert ravages.

Nothing is hazardous in asserting that the more this disease is studied, the more it expands and spreads away into doubt and obscurity, presenting to the physician the oppressive, paralyzing pressure of an image, dark, formless and terrible.

If it is not out of place, one or two considerations may be presented, that indicate a low average vitality and viability in the female, as compared with the male, during the years of life from five to forty-five. These considerations will be drawn from the death and birth tables.

The average mortality of females, under five years, stands for the past five years in ratio to that of males, at 100 to 116.8. But from this age, on to forty-five, every decennial period brings in a larger mortality for the female than for the male. This unexpected result—omitting the process by figures—is contrary to the accepted expression of extended mortality reports; and is so far confirmatory of the indication already suggested.

The ratio of births for the past five years stands at 100 for females to 114.04 for males. Now most physiologists give as forces determining the sex of the new being, these two prominent ones, viz.: greater relative age, and greater relative vitality.

Hofacker in Germany, by a rigid application of this rule is regard to age, found the ratio of births to stand at 100 females to 103.4 males, where the age of the father was from one to six years greater than that of the mother. Sadler also obtained nearly the same result in Britain.

By comprehensive averages of the whole of Europe, the births were as 100 females to 106 males, where the preponderance of age on the side of the husband is undoubtedly greater than from one to six years. Now the assertion may be safely ventured that in this country, the relative age of the husband does not preponderate more than from one to six years, which on the results already stated, would suggest an anticipation, in the births, of a ratio standing at 100 females to 103.4 males, provided that the relative vitality of the mother is as great as it is in Europe. But the ratio stands at 100 females to 114.04 males, forcing the conclusion upon us, that if these data are reliable, the vitality of the mother here, is very low compared with that of the European mother; and both results point to the inference already drawn, viz.: that in this country the relative vitality of the male, from five to forty-five, is greater than that of the female. This result, of however doubtful derivation, chimes in with the painful apprehensions of anxious observers of public health.

Suspensions of the correctness of the hygienic regime under which females are growing up, often arise and are often exposed. In this respect, emphatically, society has not yet found its true, robust position. Its right physiology is yet to be constructed.

BIOGRAPHICAL NOTICE
OF
PROF. WILLIAM TULLY, M. D.

BY HENRY BRONSON, M. D., OF NEW HAVEN.

WILLIAM TULLY was born at Saybrook Point, Conn., February 18, 1785. He was a descendant of John Tully, who came from England in 1647. His grandfather was an intelligent farmer. His parents, William and Eunice Tully, had but one child, the subject of this notice.

Young Tully manifested, from an early period, a taste for books, which his parents indulged. Till the spring of 1801, he was sent to the Public Free School of his district. He was then placed under the charge of the Rev. Frederick W. Hotchkiss of his own parish, who instructed him, first in English studies, and afterwards in Latin and Greek, preparatory to college. In September, 1802, after an "exceedingly defective preparation," (so use his own words,) he was admitted to the Freshman class of Yale College, where he was graduated in September, 1806. Throughout his academic course, he was embarrassed by his want of knowledge of Arithmetic and Mathematics, these branches of study having been wholly neglected in his preliminary education. This early neglect, and the poor proficiency which he regarded as its consequence, he had occasion to deplore throughout his life.

For five months, beginning in November, 1806, Mr. Tully taught the Oyster River District School, Saybrook. In the spring of 1807, he began the study of Medicine with Mason F. Cogswell, M. D., of Hartford. In October of the next year, he went to Dartmouth College, Hanover, N. H., and for three months, attended the public medical lectures of the celebrated Nathan Smith, M. D., who

taught Theory and Practice, Surgery, *Materia Medica*, Obstetrics and Chemistry. At the close of the term, he returned to Dr. Cogswell's office; but in October, 1809, went back to Hamover, to attend a second course of lectures. At the close of the term, he studied, for a time, with Samuel Carter, M. D., of Saybrook; but in March, 1810, entered the office of Eli Ives, M. D., of New Haven. While with Dr. Ives, he gave particular attention to Botany, laying the foundation for a general and very accurate knowledge of that science. In the following October, he was examined at New Haven, and received a license from the President and Fellows of the Connecticut Medical Society to practice Medicine and Surgery. The honorary degree of M. D. was conferred on him by Yale College in 1819.

After receiving his license, Dr. Tully taught a district school for five months in Saybrook; but in May, 1811, went by invitation, to Enfield, in this State, to practice Medicine. He soon, however, was attacked with typhus, and on recovering, was summoned to attend his father in his last illness. He returned to Enfield in March, 1812, and removed thence to Milford in March, 1813. While in Milford, it is reported that he spent much of his time in the fields studying Botany, his professional business being very limited. Dissatisfied with the place, he left it in November, 1816, and settled in Middletown Upper House, whence he removed in September, 1818, to the city of Middletown. While there, he published in 1820, in *Silliman's Journal of Science*, a medico-botanical paper, "On the Ergot of Rye." He became the intimate friend of that learned and distinguished physician, the late Thomas Mixer, M. D., of Middletown. The two, in 1823, published a volume entitled "Essays on Fevers and other Medical Subjects." It consists of two parts, the first, purporting to be written by Dr. Mixer, contains fifteen essays, the longest being one "On the Resolution and Treatment of Fevers." Some of these fifteen essays, (not including the one named) are believed to have been furnished by Dr. Tully. The second part, by Dr. Tully, contains three papers on the Fevers of Middletown and Cinchona, and one entitled an "Analysis of 'an Account of an Epidemic Fever of Virginia, by John L. Miller.'" There were utility of purpose and harmony of views on the part of the authors, and the book, throughout, is written with decided ability. It contained new and startling opinions, enforced by a strong

array of facts and arguments, and was like a bomb-shell thrown into the camp of the profession. It treated old and cherished prejudices, and the current methods of practice, with little ceremony, sometimes with caustic severity. The authors maintained that the fevers of the day had decidedly typhoid tendencies; that anti-phlogistic and relaxing measures were contra-indicated; and that a free use of stimulants, such as brandy, opium, cinchona, camphor, capsicum, &c., was required. Opinions as to the merits of the work, which was extensively read, were divided. A controversy concerning the nature of the prevalent fevers, and the comparative excellence of the new and old practice, was begun in this State. It lasted for several years, and was not always conducted in the most tactful spirit. As a consequence, a prejudice was engendered against the authors of the book, which neither survived. But whatever opinion we may entertain as to the soundness of the views put forth in the volume, there can be no doubt about its substantial value. It is one of those books which will bear to be read more than once.

In June, 1822, Dr. Tully removed to East Hartford, where he was residing when (in July, 1824) he was appointed Professor of Theory and Practice in the Vermont Academy of Medicine, Castleton. He accepted, and in January, 1826, went to Albany and formed a professional partnership with his Castleton associate and intimate friend, Allen March, M. D. Here his business was prosperous, more so than it had ever been before. He spent term-time in Castleton, and in 1829 and afterward discharged the additional duties of Lecturer on Materia Medica and Therapeutics, giving two courses in the year. In 1835, a spring term was added to the natural. He continued his connection with the Vermont Academy till 1838, when he resigned.

While residing in Albany, Dr. Tully published in the January and April numbers of the *American Medical Recorder* for 1828, his "Medical Prize Essay" on *Sanguisera Canadensis*. It is a paper of eighty-four pages, alike distinguished by original observation and thorough and eloquent medical scholarship. It may be pronounced one of the most important contributions to our vegetable indigenous Materia Medica which has yet been offered to the public.

In 1829, Dr. Tully succeeded Eli Ives, M. D., as Professor of Materia Medica and Therapeutics in Yale College, and in May,

1830, removed his family to New Haven. The different periods of the year in which the terms were held, enabled him to continue his lectures in Castleton. During his residence in New Haven, everything for a time seemed to move on satisfactorily. His distinguished reputation secured him many friends and a considerable share of professional business. In January, 1832, he published in *Silliman's Journal*, "Results of Experiments and Observations on Narcotine and Sulphate of Morphine," a valuable paper of seventeen pages. This article was republished in the *Boston Medical and Surgical Journal*, together with certain additional matter. Several other communications or articles of the *Materia Medica*, from the same pen, appeared in the last named Journal, during the same year, (1832.) In 1833, he was invited to a professorship in the Medical College of South Carolina, which he declined.

Dr. Tully's last course of lectures was delivered in New Haven in the winter of 1840-1. Soon after he resigned. Subsequently, he spent nearly a year in South Carolina, without his family. In the spring of 1851, he removed to Springfield, Mass., where he died, February 28, 1859. His remains were interred in the Old Cemetery, New Haven, by the side of his wife and several of his children. His wife Mary, a daughter of the Rev. Eliza Potter of Eastford, Connecticut, an excellent woman though a great sufferer from ill-health, died September 5, 1853. They had ten children, three of whom, two daughters and one son, survived their father.

While residing in Springfield, Dr. Tully gave to the world his great work entitled "*Materia Medica or Pharmacology and Therapeutics*," in two thick volumes. On this, his reputation as a medical scholar must finally rest. We owe its publication to the enterprise, perseverance, and unselfish devotion to science, of Jefferson Church, M. D., of Springfield. Dr. Church assisted in the preparation of the manuscript, superintended the printing, and assumed the entire pecuniary responsibility of the undertaking. The work loses much of its value in not being completed according to the original plan. As it is, in its present incomplete form, with its many serious defects, literary and other, it does not do full justice to the author. Its imperfections, however, are all forgotten by him who has the courage to read it, and the capacity to understand it. It is, indeed, a monument to the industry, learning, and ability of the writer. Enough may be got out of it to furnish copi-

tal for a score of ordinary authors. It is not calculated to be popular; it is too much a work of principles and classification. But let it be once mastered, and it will richly repay whoever has made it a study. Whether or not the reader yields his noont to all the theoretical and practical views inculcated, he can not but acknowledge the genius of the writer, his profound knowledge of Medicine, and the importance of his labors for its advancement.

Dr. Tully was doubtless the most learned and thoroughly scientific physician of New England. If his equal may be found any where, I am ignorant of the fact. He had a large and costly library, and was a diligent and methodical student through life. His knowledge of Botany was extensive and very accurate. Chemistry, particularly organic and pharmaceutical Chemistry, he understood probably better than any one in this country. He was acquainted with Physiology, and was familiar with the literature of those branches of his profession which he did not practice. Indeed, his studies took a wide range. He knew Latin and Greek well, at least so far as these languages are employed in natural science. And all his knowledge was singularly minute and exact. He assisted Dr. Webster and Prof. Goodrich in the scientific department of their dictionary, furnishing the definitions of the terms of Anatomy, Physiology, Medicine, Botany, and some other branches of natural history. Periodical and other current literature, including works of fiction, received a share of his attention.

Dr. Tully was an able and interesting lecturer. His tall, manly form, broad, square shoulders, large head and prominent eyes, seemed to fix the attention. He spoke distinctly and without hesitation, reading from his manuscript in a loud, almost sonorous voice, with an uniform and slightly nasal tone, and assured air. The novelty and boldness of his views; his skillful elaboration; the vigor of his expressions; his merciless criticisms of authors; his sarcasms and denunciations, combined with a positive manner, secured the attention of all. His more enthusiastic pupils thought him the greatest man alive; hung upon his lips trustfully and gratefully, and pronounced all other teaching worthless in comparison. Some of his indiscriminating admirers not only adopted his opinions, but caught the peculiarities of his manner, and even imitated the tones of his voice. The younger students frequently complained that his matter was too scientific and his language too

technical; but these complaints grew less frequent as the course of instruction advanced. His private pupils and chosen disciples were thoroughly trained, and in several instances have become distinguished scholars.

Dr. Tully was an intelligent and discriminating practitioner. He investigated his cases thoroughly, usually arrived at a correct diagnosis, drew inferences cautiously, and grounded his opinions on the facts before him. His unrivaled knowledge of *Matern Medica*, particularly indigenous *Materia Medica*, and his familiarity with all the new remedies, especially the new organic compounds, gave him a great advantage in prescription. His resources, in a difficult case were, so far as I know, unparalleled. He was somewhat famous for the treatment of obstinate chronic cases—cases that had worn out the patience of others. Such cases were sometimes put into his hands by attending physicians for his exclusive management. And he not infrequently succeeded in curing diseases which had defied the skill of the ablest and best practitioners. He was fond of heroic medicines and heroic treatment, and incredulous as to many weak remedies in common use. Alcohol, opium, quinine, strychnine, veratrum, arsenic and the like, were favorite articles; while he leaned unshaken alone upon bloodletting, cathartics, emetics, the alkaline salts, and the antiphlogistic and reducing practice generally. But he was not indiscriminating either in praise or censure. In all cases and in every capacity, he was self-reliant if not self-sufficient, firm in the faith he had himself wrought out, discarding platitudes, regardless of authority, and unmindful of chance. When he had once formed an opinion, he was unyielding, sometimes lenient, as strong men are apt to be. In his intercourse with his patients, he had a perpendicular way of doing things. His directions must be followed, and friends or nurses must not interfere. He would not stop to argue and explain, paid no attention to the whims and fancies of old women, and quietly took his leave when he thought confidence was wanting. For these reasons, he was not what is known as a popular physician.

In his intercourse with medical men, Dr. Tully was honorable and manly. He would not betray confidence; would not take an unfair advantage of a professional rival. Quackery, whether in or out of the profession, he despised. No doubt he had strong preju-

dicts; was censorious and suspicious, possibly jealous. He was dissatisfied with the world; may have been tinged with misanthropy; but no sort of meanness or low malice tarnished his fair name. Most of his business, in the last years of life, was in the way of consultation. He loved to meet his medical friends and discourse on his favorite topics. His conversations were in the style of monologue more than dialogues, and reminded one of his lectures or essays. He talked right on, as though compelled by the overflow of his ideas. Verbose questions and interruptions annoyed him. In talking, as in writing, he was magisterial, exuberantly, if not ambitiously, learned, discursive and diffuse. He had a critical knowledge of words, and loved them, seemingly, for their own sake. An elongated word was, in his mouth, "sweetness long drawn out." If a man had three christian names and two titles, he would repeat them all. He had not the art of abridgment and condensation. I have heard him speak of, but it seemed to me he had none,—I make these criticisms because they are necessary in giving a full length, truthful portrait of Dr. Tully. Sum up all his imperfections, and deduct them from his merits, and there is enough left to make a man of—a whole man, and (may I not add?) a great one.

Dr. Tully was one of the most indefatigable of men. He was a diligent observer, orderly and systematic in every thing, and never missed an opportunity to replenish his stores of knowledge. He carried in a pocket book, made for the purpose, slips of foolscap paper, (he called them *occursus*;) on which he wrote, at the time, whatever came under his notice. Whether he was reading or visiting a patient, conversing with a friend, riding or walking or sitting, his note book was always at hand. At short intervals, he sorted these notes, each having its running title, and put them away under proper general headings, as materials for his lectures, or for more formal essays. A very large amount of valuable manuscript, thus collected, is in the hands of his executor. He was essentially a *matters-of-fact* man, took delight in minute investigations; but in all his inquiries, his aim was to illustrate principles and discover general laws. In his mind was combined great love of detail with extraordinary powers of generalization—an unusual combination.

BIOGRAPHICAL NOTICE
OF
GEORGE SEYMOUR, M. D.

BY J. C. ELLSWORTH, M. D., OF LITCHFIELD.

ONE of the manifestations of an enlightened age and more refined civilization, is apparent in the erection of monuments to perpetuate the memory of deceased friends and relatives, and particularly to those public benefactors who have dispensed rich blessings in the broad fields of wretchedness and misery which have become the legitimate inheritance of our fallen race. To this latter class belongs the faithful physician whose removal from the earth causes a chasm which can not soon be forgotten or supplied. In his disinterested and self-sacrificing labors, he dispenses blessings with a God-like hand; and when he is removed from the scene of his earthly labors, neither justice toward the departed nor sympathy with the living will permit such an occurrence to pass with so brief a notice as the simple record of his death. Our state and national organizations, with commendable regard to the memory of our deceased professional brethren, have allowed a space in their proceedings to a brief biographical notice of their virtues, and thus leave on their imperishable records suitable monuments to the living character of the departed.

The only member of our county organization who has passed away from our midst during the past year, is Dr. George Seymour, of Litchfield, whose memory will long remain fragrant, and his name be associated with the recollections of personal friendship, and repeated with mingled emotions of gratitude and grief. For his character, that could not be buried in the vault, will be fondly cherished by survivors for their benefit. We propose to give a few statistics of his life or personal history.

Dr. George Seymour was born in Litchfield, Dec. 27th, 1816. He was the youngest son of Moses Seymour, Jr., who occupied for many years a prominent position in the affairs of the town and county of Litchfield. His mother was the youngest daughter of the late Hon. John Strong, of Addison, Vt. His ancestors were highly respectable, and many of them greatly distinguished in state affairs, not only in this, but in other states; among the number, the Hon. Hiram Seymour, U. S. Senator from Vermont, and Hon. Henry Seymour, Canal Commissioner and father of Ex-Governor Horatio Seymour of New York, were his paternal uncles, and General Samuel Strong and Rev. Moses Strong, both of Vermont, were his maternal uncles.

His father dying when he was only ten years of age, his education and preparation for the great responsibilities of life, devolved on an intelligent and devoted mother.

His pupilage was for the most part passed in the schools and academy in his native village. The latter was then under the superintendence and direction of those protectors of education, Miss Sarah Pierce and John P. Bruce, Esq., in the palmier days of Litchfield. Here he distinguished himself for correct deportment, good scholarship, and the successful prosecution of the routine of studies usually pursued in such institutions. Having obtained honorable distinction in the graduating class at the Litchfield Academy, he entered the office of his brother-in-law, Dr. Josiah G. Beckwith, of Litchfield, at the age of seventeen. Here he exhibited unusual taste and aptitude for the profession of medicine, and after having secured the usual advantages of the medical institutions of New York, he received the degree of M. D., by recommendation of the Regents of the University of that State. He then removed to Springfield, Mass., where he devoted himself to the practice of surgery in connection with the late distinguished surgeon, Dr. Flint of that city. He then returned to his native town in 1842, and became a colleague with his former preceptor, Dr. Beckwith, where he acquired a reputation as a safe and judicious practitioner which secured him an extensive practice. The frequency with which he was called in consultation with his senior medical brethren, is creditable alike to his honorable, upright and gentlemanly deportment toward them, and the appreciation with which he was held as a wise and judicious counsellor.

For a period of more than twenty years, he had, in season and out of season, regardless of exposure to pestilence and death, despite of storms and tempests, of hunger and midnight darkness, on unbroken roads, by day and night, regardless of pecuniary compensation, sacrificed health and comfort to the arduous duties and self-sacrificing labors of his much-loved profession.

During his temporary residence in Springfield, he made the acquaintance of Miss Sarah Hart, granddaughter of the late Gerrit Hart, of Vermont, to whom he was married in 1842, with whom he lived about two years. The grave then suddenly closed over his dearest earthly joys, and he buried in one common grave his beloved wife and his only son and heir. The bright star of his hopes then early shrouded in clouds and darkness, and

"Laying deposited on the silent shores of memory,
Images and thoughts that could but live,
And would not die."

Mrs. Seymour was a lady of superior education and unassuming loveliness, exerting the happiest influence upon all with whom she came in contact. She died all too soon for such a one who leaves so blessed and happy a memory behind her.

The sudden blighting of his expectations of happiness on the very threshold of enjoyment, left a shade of sadness over several years of his life, and he left for a period the scene of his bereavement, and indulged his taste for surgery, and for a time took up his residence in the city of New York, and in order to avail himself of his favorite speciality, he devoted himself to hospital and charitable practice, and to an attendance on the lectures at the several schools.

He possessed a keen eye, delicate touch and firm nerves. With an accurate knowledge of anatomy which enabled him to perform difficult and unusual operations with promptitude and success; and it is not too much to say that he had not in operative surgery, a superior in this part of the State.

On his return again to Litchfield, he resumed his practice in connection with Dr. Beckwith—continued with him until his death.

Dr. Seymour combined superior skill with great kindness and gentleness of manners, with the winning graces of an amiable and

cheerful disposition and happy temperament, which rendered him a great favorite with his patients.

Dr. Seymour was a Fellow of the Connecticut Medical Society, and member of the American Medical Association, and attended the last annual meeting at New Haven in June last, and enjoyed the liberal hospitalities which were so generously tendered by the city, that he made a memorandum of the happiness of that meeting, in his diary. He was ardently attached to the system of legitimate medicine, and detested system builders and reformers; he held no communion with quackery, its advocates or deluded followers.

Dr. Seymour was not ambitious of political preferment. He never coveted office for its own sake, vanity or ostentation. He for two years represented his town in the General Assembly, and was an active and influential member, and although often solicited, would not accept the place afterwards, or many other proffered nominations.

He was a man of rare and fine intellectual endowments, ardent and disinterested benevolence, and great tenderness of feeling. The child of poverty and wretchedness pleaded not to him in vain; he turned not by "on the other side" when misery and want cast on the highway of a pitiless world, an imploring eye. He was no respecter of persons; he would render the same attention to the wretched outcast on the world's charity that he would to the adopted children of education and refined manners, and often, instead of receiving compensation for services, contributed from his own purse to the relief of their necessities, and always afforded the open purse and warm heart in response to all appeals. No wonder that he was the most popular man in the community; he lived but for his friends and the relief of suffering humanity.

Dr. Seymour was the finished and complete gentleman, and the centre of attraction to a large circle of friends and admirers, to whom his easy wit and easy equanimity, his large fund of anecdote, his genial cheerfulness and social common sense, of which he possessed an unusual share, made him the "observed of all observers," and made him acceptable to all ranks and conditions of social life.

Above the median stature, of commanding form, he combined the elegant properties, activity and grace. His appearance was always neat and attractive to people of the most cultivated taste and polished manners, as well as to the inmates of the cottage and the cell.

Conciliating as were his manners, he still maintained a manly independence, unswerving honesty, and stern integrity. Where principle was involved, he never yielded, and although firm, was never discourteous, and by his consistent and conscientious life, he commanded the admiration of his friends and the respect of his political opponents. No man possessed a juster appreciation of human character than Dr. Seymour. No mask concealed the hypocrite from his piercing eye, nor shrouded the unprincipled personer from his observation.

His death was attributed to a subtle poison which he contracted at Washington in March, 1867. He was never well after his return, and several times he seemed to be hovering on the confines of the grave, when he would rally again, resume his professional duties and again collapse. With every interval of relief from suffering, his mental cheerfulness broke forth unshaken, and played about everything as of old. He suffered much and long, and when he witnessed the dark mantle of the grave waiting his immutable seal upon his destiny, he was calm and collected.

He contracted a slight cold from exposure on the 25th of January, 1861, which increased his difficulty of respiration, and on the 29th, two days afterwards, he suddenly passed away without pain or suffering to mar the aspect of cheerfulness with which the angel of death bore him away. And when five days afterwards a whole community, deeply sensible of the vacancy which was immediately made in their midst, and his professional brethren and numerous relatives rendered him the last tribute of deep and unaffected sorrow and regard, his countenance was lovely and unclouded. Thus, in the meridian of life, with his eye undimmed and his unpurfling, at the head of an honored profession, he left these earthly scenes for that bright world where sorrow nor trouble can neither reach nor molest him. It was well said of him; that a more true-hearted, unselfish and accomplished man we can not expect to see again.

"The grave will close o'er those we love,
Yet in our hearts still live remembrance,
It takes to their home above,
And cold forgetfulness dashes!"

BIOGRAPHICAL SKETCH

OF THE LATE

FREDERIC W. SHEPARD, M. D., OF ESSEX.

BY S. W. TURNER, M. D., OF CHICAGO.

FREDERIC WILLIAM SHEPARD was born in Plainfield, Conn., March 18, 1812. He was the eldest son of Job and Arabella Shepard, who removed soon after marriage from Saybrook to Plainville, settling on a tract of land long in possession of the family, and known as "Shepard Hill." When the subject of this sketch was twelve years old, his father died of consumption at the age of thirty-nine, leaving a widow with five young children, whom he advised to return to their maternal relatives in Saybrook. This they did, and we find them shortly after living upon the farm, frugal, industrious and independent.

A little incident which occurred at this time, will illustrate the thoughtfulness, kindness of heart, and filial affection, which characterized this son. He was one afternoon at work in the field of a neighbor, who passing that way, found him weeping, and inquired the cause of his grief. He replied that he was thinking how difficult it was for his mother to support the family.

At an early age he manifested a strong desire for knowledge, and his love of study was such as to attract the attention of his venerable pastor, the Rev. Frederic Wm. Hildkiss, whose heart warmed toward the boy—his namesake. He took him under his special care, instructed him after he had passed beyond the branches taught in the common school, and prepared him, by a good classical education, for the study of medicine, which he commenced with Dr. Samuel Carter of Saybrook. His leisure hours at this period were spent in teaching, in which, displaying the enthusiasm and untiring zeal which marked his subsequent life, he was very successful. In 1831, at the age of nineteen, he attended his first

Course of Lectures at the Medical Institution of Yale College. After three years' study, with three courses of Lectures, he graduated at New Haven in 1834—and we presently find our young Physician, not yet twenty-two years old, settled at Gale's Ferry, in the town of Ledyard, which place he had chosen at the recommendation of Dr. Knight.

Here he succeeded well, but the attractions of a more extensive field, and a practice near his early home, induced him to leave and remove to Essex. His field of practice, for some years after this, was not confined to Essex alone, but extended to the neighboring villages of Saybrook, Winstrop, Deep River and a part of Chester.

After a practice of twenty-five years, in the full vigor of manhood, he was stricken down by Pneumonia, and died, after a sickness of eight days, on the morning of the second of May, 1860, six weeks after his forty-eighth birth-day.

Dr. Shepard was married in 1840 to a daughter of the late Timothy Green, Esq., of East Haddam, Miss Maria T. Green, who survives him, with two daughters and two sons, the youngest only two years old. Dr. Shepard was, in the strictest sense of the term, an *Essex* man—frank, open-hearted and sincere. In his daily intercourse with the world, a "Nathaniel, in whom was no guile." He never learned to "bend the supple hinges of the knee, that drift might follow fawning." His faithfulness in the discharge of his professional duties, his strict integrity, and his sympathizing heart, gained him strong personal friends, and his memory is embalmed in the hearts of many whose physician, counsellor and friend he was, during a period of twenty-five years.

But the crowning glory of his life is to be found in his consistent Christian character. In 1830, at the age of eighteen, he made a public profession of his faith by uniting with the Congregational Church in Old Saybrook. He afterwards connected himself with the Church in Center Brook, of which he was a member at the time of his death.

The large concourse of people which, from his own and the neighboring villages, filled the church at his funeral, testified more strongly than words can do, to the worth of the beloved physician, the spright man, and the sincere Christian, who had gone from their midst, to that world where the inhabitants shall no more say "I am sick."

BIOGRAPHICAL SKETCH

OF

ANSON MOODY, M. D., OF NEW HAVEN.

BY W. H. CATLIN, M. D.*

THAT life is valuable and worthy of our highest admiration, which is occupied in the faithful performance of every known duty, though there may be nothing in its whole course of such marked interest as to secure the universal applause of contemporaries or the lasting remembrance of succeeding generations.

The country or village Doctor may be eminently useful and highly respected, not only for the faithful performance of all his professional duties, but for his labors in the church and community where he resides, and yet be scarcely known in the wide world outside of the circle in which he moves. The true estimate of character like this is to be found in the grateful hearts of those who are the favored recipients of their kind offices, or more truly and fully in that record made on High which shall be revealed at the Last Day. Judged by this standard, the character of our late friend and associate, Dr. Anson Moody, would, we believe, be placed in an exalted position. He was born in South Hadley, Massachusetts, February 25th, 1792; his father, Daniel Moody, being a respectable citizen of that place.

Dr. Moody graduated at Yale College in 1814, having maintained a highly respectable standing in his class, and sharing its honors. He commenced the study of medicine in his native town, attended Lectures in the Medical Institution of Yale College, and was licensed to practice medicine in the Spring of 1817. He

* Most of the facts here stated are derived from an address delivered at the funeral of Dr. Moody, by Rev. Edward Strong. Several extensive quotations have been made from the same, which are marked as such.

received the Honorary Degree of M. D. in 1849, upon the recommendation of the Connecticut Medical Society. He entered upon the practice of his profession in Palmer, Massachusetts, immediately after completing his course of study. November 7, 1837, he was married to Miss Christa Collins, daughter of Ebenezer Collins. This pleasant union was only rendered by his death. They had four children; one died in infancy; three sons survive; two of them are in the profession of their father; the other a jewelry merchant in Vicksburg, Mississippi.

After a residence of five or six years in Palmer, Dr. Moody removed to Belchertown in the same State, where he continued about the same length of time, and then removed to Ware Village. Here he formed a acquaintanceship with a college classmate and followed the practice of his profession seven or eight years. While here he was urgently solicited to settle in North Haven, Connecticut. "Indeed so strenuous were the citizens of this town in their efforts to induce him to come among them, that twenty responsible men of their number guaranteed him a yearly income from his medical practice of not less than eight hundred dollars." "After much hesitation he determined on this third removal."

After a residence in North Haven of about sixteen years, he removed to New Haven, where he remained till his death, February 11th, 1856, wanting only fourteen days of being sixty-three years of age. In person, Dr. Moody was about the medium size, erect and well formed, with a remarkable honest and benevolent expression of countenance—one which at once impressed the beholder with a correct estimate of his true character. He was a man of more than ordinary vigor, when sick. For a time

* He shared the gratuitous practice of our (Connecticut) Hospital, with five others of our Medical Faculty, each during two months of the year, taking this entire responsibility upon himself. When Dr. Moody was taken sick, he had just finished the service required of him by this arrangement. He left the Hospital and returned home to die. And the fidelity with which he discharged his duties to the sick and suffering poor in that institution, to which many bear a willing testimony, is but in keeping with his whole life, and a fair specimen of it. His labors there have been (were) unusually arduous. About twenty-five patients have (had) been visited by him daily, many of them so sick as to move deeply his sympathies and seriously task his time, strength and skill.

"He devoted to those gratuitous labors the morning of each day for two months, returning home at noon well nigh exhausted. Several of those patients have (had) been suffering from the particular disease which in his case proved fatal, and which appears to have been superinduced by the prolonged overtasking of his energies at the Hospital, superadded to his regular practice. In this respect we shall not be far out of the way to say of him that he fell a martyr to his scrupulous and unflinching fidelity to the discharge of his professional and in this instance, charitable duties. Fit termination of a long career of varied fidelity is every relation and walk of life!"

An eminent physician of New Haven writes:

"Dr. Moody was a kind-hearted, spright man, always governed by honorable and religious principles; his intercourse with his patients was a combination of kindness and frankness which insured their esteem and respect. In practice he was prudent and judicious, pursuing the expectant rather than the anticipatory plan of treatment. He conducted his patients, in all ordinary cases of disease, prudently, judiciously and successfully."

The following quotation will show how he was estimated by the community:

"As a physician, Dr. Moody was highly valued and skillful. He was endowed with intellectual and moral qualities, which well fitted him for the duties of his profession, and for success in it. He was eminently cautious, possessed a clear and balanced mind, a sound judgment, and a sympathizing heart. He was too conscientious to try rash experiments, and is believed to have met in his practice beyond an average of success."

"Few entered into the suffering of the sick with so lively a concern as he. Uniformly it was evident not that a mercenary motive actuated him in his professional calls, but rather a cordial desire to relieve pain and restore the patient."

It is the uniform testimony of those who knew him longest and best, that he possessed a trustworthy skill along with numerous other qualities which greatly endeared him to his patients. He was assiduous and faithful, eminently a "*beloved physician*."

To his rare modesty, therefore, and retiring disposition, as also to his liberality, rather than to any deficiency in professional diligence and merit, it is to be ascribed, I apprehend, the fact that he failed to accumulate any considerable property. The strong attachment of his patients to him, as their family physician, was conspicuous in the difficulty with which he tore himself away from North

Haven, to remove to this city, (New Haven,) and the multiplied calls he had for a long time afterward, to visit professionally those families who could not believe any other physician would do as well.

"In the various communities in which he lived he uniformly commanded the respect of his fellow citizens. He has (had) been a pillar, as in the Church, so in society. Notwithstanding great natural timidity, his public spirit prompted him to great activity and usefulness in all matters of public concern. He ever manifested a deep interest in the welfare of the community. He was not a man of a disposition so narrow that even a public education and intercourse with the high-minded, and the grace of God, failed to liberalize it. On the contrary, he minded not his own things, but also the things of others. An educated man, he interested himself appropriately in town affairs, and especially in the cause of Common Schools and Temperance. His public spirit induced him to make pecuniary professional sacrifices that he might be useful to his fellow citizens in these public interests."

Dr. Moody was eminently a conscientious, reliable man, never acting upon one principle at home in the community where his conduct would be observed, and on another among strangers, but was ever the same, in the domestic or social circle, or abroad in the large assemblies of his professional brethren, where temptation might have an influence upon those of weaker principles.

"Few men have been more exemplary in the domestic circle. I might call him, without impropriety, a model husband and father. Equable in temper, affectionate in disposition, strong in his affections, accustomed to enter into the feelings of his children and so to attract their confidences, indulgent towards them, tenderly so in respect to recreations and amusements which he deemed harmless, and invariably firm in prohibiting those he deemed otherwise, he was able at once to command their respect and secure their obedience and affection."

I should fail to do justice to the memory of our esteemed brother if, even in this professional notice I failed to speak of his christian character which was the crowning endeavor and leading principle of his life.

God grant that we may all so live and so die that we shall be permitted to meet in that upper Temple "not made with hands, eternal in the Heavens."

BIOGRAPHICAL SKETCH
OF
REYNOLD WEBB, M. D.

BY JOEL CAMPBELL, M. D., OF BETHLEHEM.

THE late Reynold Webb, M. D., was born in Chester, Conn., January 31, 1791. He died in Madison, Conn., July 1st, 1855. His parents, Reynold and Catharine Parmelee Webb, were persons of the first respectability, and were most deservedly esteemed by all who knew them. They had nine children, all of whom lived to adult age, and to enjoy a good name.

The subject of this notice was the third, an affectionate and dutiful son, entertaining great respect for his parents to the close of their long life. He lived with his parents during his minority, spending his summers with his father on his farm, and his winters in a district school, until perhaps the age of sixteen, and subsequently in the private school of Rev. Samuel Mills, a clergyman of great excellence, and a teacher of distinguished ability. At the age of twenty-one he decided to try the fortunes of a sailor, his brother Samuel, older than himself, having been successful in that employment. He purchased a week on navigation, and was giving his attention to that subject, when Dr. Richard Ely (a very judicious man and physician, and of much influence,) advised him to abandon the idea of becoming a sailor, and to turn his attention to the study and practice of medicine; assuring him that he had many of the right qualifications for a physician. He soon followed this advice and commenced the study of Latin, under the instruction of Rev. Aaron Hovey, of Essex, preparatory to the study of Medicine. After spending considerable time in this way, and in teaching school, he began the study of his profession with Dr. Richard Ely, and continued with him about one year, when Dr. Ely died,

He finished his term of study in the office of Dr. Samuel Carter, of Saybrook, attending in the time two courses of Lectures in the Medical Institution of Yale College, where he graduated 1819. Soon after his graduation he commenced the practice of medicine in his native place, and in a short time had a fair business and a good reputation. In 1821, there occurred an opening for a Physician in Madison. The Doctor broke away from his friends and business in Chester and vicinity, and located in Madison. Here he did not at first remain long but accepted an invitation from the people of Roxbury to supply the place of Dr. Dickinson, then too feeble to practice, but at the urgent request of his friends in Madison, returned to that place, where he spent the remainder of his life in the constant practice of his profession, and in the discharge of the duties belonging to the various civil appointments conferred upon him by his fellow-townsmen, as Representative to the State Legislature, Judge of Probate, Justice of the Peace, and others.

During the early part of his residence in Madison, Dr. Webb married Miss Deborah H. Meigs, daughter of Daniel Meigs, Esq., of that place, who survived her husband until some time in the year 1860. They had two children. The eldest, a son, Daniel M. Webb, M. D., the professional successor of his father, and Catherine M. Webb, afterward Mrs. Wilson, who deceased since the death of her father.

When Dr. Webb located himself in Madison, his reputation as a successful physician, his gentlemanly demeanor and pleasing address, at once introduced him into general favor, and won for him the esteem of the people of his new field.

He soon enjoyed the respect of his new professional neighbors, and his fidelity and success were rewarded by the confidence and liberal patronage of the community.

Dr. Webb was early a member of the New Haven County Medical Society, and was repeatedly its President; was often chosen a Fellow of the Connecticut Medical Society, and was an honored and useful member of our annual Conventions. He was a member of the American Medical Association, and repeatedly attended its meetings as a delegate from the New Haven County Society.

He was a public-spirited man, caring for the general interest and prosperity of the entire community. He was a benevolent man, as many of the various objects of charity, public and private, of his time, could prove, and as the poor who never left his house

mineral fire could fully confirm. Dr. Webb never made a public profession of religion, but was a firm believer in the truths of Revelation, and I am assured died in the possession of a Christian hope.

Dr. Webb possessed a strong and vigorous intellect, and although it was imperfectly trained by early education or by subsequent culture, he always gained the respect and confidence of his professional associates and of the community. The imperfection of his early education was probably owing in part to his limited pecuniary means, and partly to the late period in life when he decided on a professional course; and his lack of subsequent culture is to be accounted for from the almost constant pressure of duties outside of his library. By the exercise of a sound judgment he was able to turn all his acquisitions to a practical use. He was eminently an observing man, watching carefully and diligently the diseases which came under his notice, he became familiar with all their features, readily recognizing their peculiarities and foreseeing the changes which would probably take place in their progress.

Hence, he rarely erred in the diagnosis and prognosis of diseases. The opinions which he formed of the cases under his care, he readily communicated to his patients and their friends, so frankly and kindly as to gain esteem and secure confidence. In obscure and doubtful cases, his doubts were expressed, that further advice might be obtained if desired. His intercourse with his patients was marked by kindness, gentleness and self-possession, and with entire frankness and integrity. The Dr. was peculiarly a practical man. In his practice he was guided by strong common-sense, enlightened by careful observation and preserved from error by a judgment unbiassed by irregular impulses or fanciful theories. He examined diseases with careful deliberation and keen discrimination, and usually formed a correct opinion of their character and tendencies. He was perhaps better qualified to carry on established methods of practice than to devise such as were new. The character of his practice was rather watchfully expectant than anticipating. Still he was observant of the changes which arise in the progress of diseases, and ready to meet them by prompt medication. He was not prone to adopt new methods of treatment, nor to employ the multitude of new remedies which are continually brought before the notice of the profession, preferring such as had become familiar to him by long continued use. He did not believe

that a doubtful remedy is better than none, but chose to trust to the resources of nature rather than to employ medicines, especially such as were active in their operation, the beneficial effects of which he could not fairly foresee.

At the same time he was ready to employ prompt and active medication when such treatment conformed itself to his judgment, or had been approved by experience.

Much of the success of Dr. Webb as a physician depended upon the entire confidence reposed in him by his patients. He was naturally cheerful and hopeful, and he well knew how to dispel despondency, and to excite not only a desire but a will to recover, in the minds of his patients. This was done by no laborious disquisition on the nature of the disease or the progress of the symptoms, but by a few words of confident hope, honestly spoken and implicitly believed. No one doubted the truthfulness, or for the most part the accuracy, of the opinions which he formed and always freely expressed.

In the latter part of his life, Dr. Webb was much employed in consultation by neighboring physicians. He was my principal consultant in cases of difficulty occurring in my practice for nearly a third of a century, and I remember with gratitude and esteem, the kind, candid and honorable manner in which he uniformly treated me in our professional and social intercourse.

For the duties of a consulting physician he was well qualified. A long and enlightened experience, carefully gathered and remembered, enabled him to bring large resources to bear upon the cases which were presented to him, while his frank integrity insured him the confidence of the attending physician as well as of the patients and their friends.

Doctor Webb was not greedy of gain nor of applause. He was satisfied with the rewards of a life of labor devoted to the heroic and diligent performance of his professional duties, and he was well aware that the unsought reputation which will always follow such a performance of the duties of any station in life, is of more value and affords more satisfaction than any amount of popular applause easily sought or unworthily obtained. This reputation he enjoyed for many years, and when in the vigor of manhood he was removed by death, a large community mourned the loss of my honest and skillful physician, of a safe and judicious counsellor, and of a kind-hearted, benevolent and public-spirited citizen.

BIOGRAPHICAL NOTICE

OF

WM. S. PIERSON, M. D., OF WINDSOR.

BY A. MERRICK, M. D.

It may not be inappropriate that I give, as an introductory to the biography of Dr. Wm. S. Piersey, a short account of the men who practiced medicine and surgery in the town of Windsor, from its earliest settlement down to the time of Dr. Piersey's arrival in said town.

First in order, we mention the Rev. Ephraim Hunt, who came from the west of England to America in the year 1634. At first, to Massachusetts Bay, thence, after five years, to the plantation of Windsor, where he arrived in 1639, and became the colleague of the venerable Warham in the care of the Church. The inscription on Hunt's monument shows that he died in 1644, much lamented by the inhabitants of the plantation and colony.

We are told in the history of ancient Windsor, that Mr. Hunt was a gentleman and a scholar, having come of gentle blood and been trained in the best schools of England. The monument of Hunt is the oldest in our town, county and state, and probably the oldest in the whole valley of the Connecticut river. It still bears marks of skill and taste in its mechanical execution, and the literary value of his epitaph is equal to the best of its date.

We are also told that Mr. Hunt was somewhat taught in medical lore, and skilled in the application of remedies. Certain it is that he was frequently consulted "in ye affairs of medicine as well as in ye Ecclesiastical and Politick affairs," and in speaking of the physicians of our town we ought not to neglect so bright an example in medicine as the Rev. Doct. Hunt.

The tombstone of Hunt is surrounded by the graves of the common people, marked by slabs of freestone, apparently rough from the quarry, with a few sentences graved upon them, showing who lies beneath, telling when and where they were born, when and where they died, and perhaps recording some important events of their lives in quaint rhyme.

"Yea, o'er these bones from insult to protect,
Some frail memorial still erected nigh,
With quaint rhyme and chaplain's sculpture decked,
Exclaims the passing pilgrim of a sigh."

"Their names, their years, spent by the laborer's hand,
The place of time and Error's supply;
And tarry a holy text around the stone,
That teach the rustic mortal to die."

Pardon this digression, and I will proceed to the next in order of Physicians in Windsor.

If we except Warham, Maverick and Hunt, (pastors and teachers in the church, of whom I conjecture all practiced medicine to some extent, though we have no written account of either having done so, save Hunt, as mentioned before,) the first regularly educated and licensed physician in Windsor was Doct. Henry Rooster. The date of his arrival in Windsor I can not learn, but he died in 1672. It appears that he lived and practiced a while in Guilford, Conn. It is reported of him, that he was a well educated gentleman, skilled in the practice of medicine and surgery, and also rendered distinguished service in public affairs. He made the first post-mortem examination in the colony of Connecticut, for which he received pay out of the public treasury.

Next to Rooster, in Windsor, in 1654, came one Daniel Porter, who was examined by the pastors and teachers of the different churches of the Connecticut Colony, and allowed "to exercise his art of surgery." Little is said of him.

Following Porter, one Robert Hornell is mentioned as a physician in 1661. It appears that he practiced nearly up to the date of his death, which was about the year 1684.

Next in order was Doct. Samuel Mather, a graduate of Harvard College in 1638. He commenced practice in Windsor in 1702, and continued through forty-three years. It is written of him that he was eminent in civil and military life, as well as in the practice of medicine.

Fifth in the line, came Doct. Alexander Wolcott, who graduated at Yale College in 1781, and soon after commenced the study of medicine under Doct. Norman Morrison, of Hartford. Having finished his course of medical study, he commenced the practice of medicine and surgery in his native town, about the year 1740, and soon attained a distinguished rank in his profession. He served with ability as surgeon at the capture of Louisburg in 1745. Returning to his native town, he resumed upon the duties of his profession, and continued to practice till 1776, when he was by appointment placed at the head of the Examining Committee for Surgeons and Surgeon's Mates in the Continental army.

The records of Windsor show that Doct. Wolcott was a firm friend to the American cause during the Revolutionary struggle, and always active, both in public and private, to promote its success. He died, full of years and honors, in 1796, and was succeeded by his son, Doct. Christopher Wolcott.

About the commencement of the Revolution, the field for medical practice, in Windsor, was considered sufficient for two men, and contemporary with Dr. Alexander Wolcott lived Dr. Timothy Mather, a Christian gentleman and a skilled physician. He died, much lamented, in the year 1788, at the early age of thirty-four years. Both Wolcott and Mather were men of mark. Both were men of letters, both were men of fine presence and polished manners, both were well taught in medicine, both lived highly honored, and died universally lamented.

Soon after the date of Doct. Mather's death, I conjecture, that Doct. Herckliah Chaffee came to Windsor, and set up the practice of medicine. And it was about this time, too, or a little after, that Doct. Alexander Wolcott admitted as a partner in his practice, his son, Dr. Christopher Wolcott. These men—Chaffee and Wolcott, Jr.—held the field for many years. They are remembered and often spoken of by the elder portion of the inhabitants of Windsor to this day, and many there are who lament the change that has taken place in the practice of medicine since the golden days of Chaffee and Wolcott.

Though it is reported of them that they did not always live as men of the same profession should live—in unity and friendship—still we have every reason to believe that they were both skilled physicians and worthy men. Chaffee died in 1818, at the age of

eighty-eight, and Welcott in the year 1821, at the age of sixty-seven.

Doct. Chaffee had for a partner in practice, during the latter years of his life, his son, Doct. Herckiah Chaffee, Jr., a well-taught, active and faithful physician, who survived his father only three years, dying in the year 1821, at the age of fifty-nine.

Doct. Christopher Welcott had given up the active duties of his profession for a few years before his death, and his field had been occupied by Doct. Abel Simmons, who came from Ashford, Conn., about the year 1812, and died in 1818. It was said of him that he was a physician of great promise.

To go back a little, it appears that Doct. Elisha N. Sill came from Lyme, Conn., to Windsor, about the close of the last century, and settled with a view to practice medicine, but being elected to several important and lucrative offices in the town, and the still more important event of marrying a rich wife, added to the above cause, he partially abandoned practice, and gave the most of his time to public affairs and the care of his large estate.

Thus I have related, in brief, the links that I have read and heard concerning the physicians of Windsor prior to the year 1818, not including those who practiced in East Windsor, South Windsor, and Ellington, on the east side of Connecticut river, Bloomfield, Windsor Locks, and the Society of Paquetonock, on the west of Connecticut river, which towns and society were all originally included within the boundaries of Windsor. Those men who practiced medicine and lived within or near the boundaries of the ancient Palisado in Windsor proper, may be said to be predecessors of Doct. Pierson, and I have therefore confined myself exclusively to them. It would be interesting to write out in detail—if material could be found—the lives of these truly eminent and worthy men, but this work must be done, if done at all, by a man of more leisure and more information than I possess, and holds a readier pen than mine.

We have come down to the year 1818, the date of Doct. Simmons' death, and also the date of Doct. Pierson's arrival in Windsor. Here let us commence the biography of Pierson.

During my first year in Windsor, while "waiting for practice," I made frequent visits to the ancient burying ground, and in tracing out the different inscriptions on the numerous head-stones and

monuments, I particularly noticed one on a plain shaft of free-stone, that read thus:

"Rev. Abraham Pierson emigrated from Yorkshire, England, to New England, in the year 1648, and died at Newark, New Jersey, Aug. 9th, 1698."

"Rev. Abraham Pierson died at Killingworth, Ct. March 30th 1707, aged 61 years."

"Abraham Pierson, Esq., died at Killingworth, Ct., January 3d, 1732, aged 72 years."

"Dea. Dada Pierson died at Killingworth, Ct., January 18th, 1736, aged 72 years."

"Dea. Abraham Pierson died at Killingworth, Ct., May 11th, 1823, aged 67 years."

A few days since I again visited the burying ground, and read in addition to the above, as follows:

"Doct. Wm. Seward Pierson, died at Windsor, Ct., July 10th, 1860, aged 73 years."

Here we have the genealogy of the Pierson family through six generations; Doct. Wm. S. being the sixth in the line in this country, from England.

Through the politeness of the Rev. Samuel H. Allen of Wash-see Locks, I obtained a more extended account of the Pierson family than from any other source. From this it appears that the Rev. Abraham Pierson, from England, was pastor at South Hampton, L. I., at Beauford, Ct., and at Newark, New Jersey, where he died as mentioned above. He is spoken of as a faithful pastor and an excellent divine.

Rev. Abraham Pierson, 2d, was graduated at Harvard College, Pastor at Killingworth, Ct., and first President of Yale College, at Boston, as that officer was then called.

Abraham Pierson, Esq., (third in the line) was distinguished for the services he rendered as a public officer, and his many private virtues.

Dea. Dada Pierson was, as his title indicates, an officer in the church.

Dea. Abraham Pierson, father of the subject of this memoir, was for many years, a Judge of the Court in the county of New Haven, and an officer in the church of his ancestors, at Killingworth.

Thus we see, and it may not be out of place to mention, that Doct.

William S. Pierson was descended through a long line of distinguished ancestry on the paternal side, and had advantages beyond most men, in this respect. I think I have heard Doct. Pierson say, (and the circumstance is not a little remarkable,) that one member of each of the six generations of the Pierson family in America, had graduated at an American college, free in an unbroken succession at Yale.

On the maternal side, Dr. Pierson was descended through his grandmother, Mary Seward, from

1st. William Seward, of Bristol, England, who settled in Guilford, and died at the age of ninety-six.

2d. Capt. John Seward.

3d. Doct. Wm. Seward, father of Mary Seward, who married Doda Pierson.

We have now come down to Doct. William Pierson, who was the son of Abraham Pierson, Esq., and Lydia Rodfield. He was born on the 17th of November, 1787, at North Killingworth, Ct. Here, strictly speaking, we begin his biography.

Of the childhood of Doct. Pierson, we know little; of his boyhood, we learn that he fitted for college under the tuition of the Rev. Doct. Elliott, of Guilford, and entered Yale at the age of seventeen, where he graduated in the year 1808. For two years subsequent to his graduation, he was engaged in teaching at Springfield, Mass. At the end of this period, his health failed, and he returned to Killingworth, where, after some months of rest and short journeyings, he was so far restored as to be able to commence a course of medical studies. After a short time, he repaired to Dartmouth College, then distinguished by the services of Doct. Nathan Smith. Under this eminent and truly great man, in medicine, young Pierson pursued the study of medicine, receiving his private as well as his public instruction, an advantage which many a student of the present day might well covet. In the month of August, 1815, he received the degree of M. D. from Dartmouth, with only three other members of his class. There were many others belonging to the same class, but they received only a license to practice medicine, not being able to stand the rigid examination required for the degree of M. D.

The soon Doct. Pierson returned to his native parish of Killig-

worth, and immediately commenced the practice of medicine. Here his professional life began.

In the following April, he removed to Durham by invitation of the people of that town, their only physician having died a short time previously.

In the month of May, subsequent to his arrival in Durham, he married Miss Nancy Sargent, daughter of Capt. Jacob Sargent, of Hartford.

In Durham, Dr. Pierson lived four years, and obtained an extensive practice. He had now arrived at an age when a man can, if ever, meet the hardships of the profession and accomplish a great deal of work, and perhaps no man ever entered with more alacrity into the field of medical practice than did Doct. Pierson.

In 1818, the date of Doct. Sumner's death, as mentioned before, Doct. Pierson removed to Windsor, where he spent the remainder of his life, forty-two years.

At the date of Dr. Pierson's arrival in Windsor, it was considered one of the best fields for medical practice in Connecticut, and worthy of the ambition of the first men in the profession. It was customary in those days, whenever the people of a town needed a physician, to extend a formal invitation to one whom they thought fitted for the place; and it was in this way that Dr. Pierson came to Windsor. He has often told me that there was a time when his practice was second to no country practice in the State. He continued to work with unabated energy through the long period of eighteen years, when a painful and protracted illness forced him from the field of his labors and though subsequently, in a measure, recovered, his weakened frame and frequently recurring attacks of disease, never permitted him to re-enter practice to any considerable extent.

Dr. Pierson was singularly happy in his family relations, and strongly attached to his home which was always the abode of cheerfulness and plenty. His wife, an estimable woman, was every way fitted for her position, and perhaps contributed as much to her husband's success, by her industry, tact and good sense, as did he himself.

From the best sources of information, and from my acquaintance with the man, I add in the way of characterization, that

Dr. Pierson in boyhood was a pleasant, active lad, ardently

attached to his home and friends, fond of the sports and recreations common to the young, thorough in whatever he undertook, he was equally willing to study or work with his hands.

As a man, he was distinguished by remarkably tender sensibilities, strongly attached to his family, always social with his neighbors, and not envious of the prosperity of any, he was just to all. To these qualities were added ready tact, excellent judgment, strength of purpose, strict integrity, and an instinctive shrinking from all pretence and assumption. His whole life was a unit in these respects, I think.

When his health permitted, he excelled any man for industry I ever knew. As a manager of a farm, he had not his superior in Windsor; and in the prime of life, with the scythe, hoe, or reaping-hook, he feared few competitors. Many a farmer in Windsor will attest to this.

A good salesman of the products of his farm, an exact accountant, a close collector of all who were able to pay, and an excellent economist of his means, he became rich in the terms given in the country; but if ever a man earned his wealth well and honestly, it was Dr. Pierson.

He had his fillings, (who has not?) but his good qualities greatly preponderated. Always genial and social at his fireside and table, his home was the resort of a large circle of friends, whose society was his delight, whenever an hour could be spared from the duties of his profession or the business of the farm. The poor never went hungry from his door, nor the rich to despise the parsimony of his entertainment.

As a physician, Dr. Pierson was untiring in his attention to his patients, a close observer of symptoms, and a ready proscriber of articles of the *Materia Medica*. He was never distinguished for heroic practice, trusting more to the recuperative energies of nature, than many physicians of less knowledge, but more boldness. This did not arise from a want of confidence in remedies, but he had an aversion to overdosing, and consequently his remedies were few and simple, and he strove to have these few well adapted to the exigency of the case under treatment.

In "Theory and Practice" he was particularly distinguished in the department of Obstetrics. His accurate knowledge of the Anatomy of the parts concerned in parturition, his peculiar tact,

as a manipulator, and his untroubled experience, united to his happy faculty of inspiring his patients with confidence in his ability to deliver them safely, rendered him justly celebrated in this important department of medicine. Let us

"No further seek his merits to disclose,
Nor draw his trophies from their dusty shade;
There they alike in swelling hope repose,
The bounty of his Father and his God."

In company with Dr. Wilson of Windsor, and in consultation with Drs. Knight of New Haven and Hawley of Hartford, I attended Dr. Pierson during his last illness, which was of a week's duration. On the 8th of July, 1893, he was seized violently with a spasmodic affection of the urethra, which rendered the introduction of a catheter necessary for the passage of urine. This was done with not more than ordinary difficulty on the second day, I think; on the fourth day, violent inflammation of the whole urinary organs succeeded, and he gradually sank with the usual symptoms of that disease, till the 16th of July, when he breathed his last.

Three days after, his funeral was attended by the members of his family, by many of his medical brethren in the surrounding towns, and a large concourse of neighbors and friends, who came to pay their respects to the memory of the man whom in life they had known and loved.

ARTICLE VI.

MEDICAL PROGRESS,

Being the Annual Address delivered before the Convention, May 20th, 1862.

BY JOSHUA G. ROCKWELL, M.D., OF LITCHFIELD,

President of the Society.

GENTLEMEN :

Another year has been added to the corporate existence of the Connecticut State Medical Society, and we, its Members and Fellows, have again convened in accordance with established usage and in obedience to our By-Laws, as custodians and legislators on the important interests committed to our trust.

I congratulate the Convention that notwithstanding nearly one-tenth of our profession in this State has been exposed during the past year to the casualties of war, that our ranks are yet comparatively unbroken; and that our lot has been cast in this highly favored portion of the earth, and in an age encircled with a halo of glory unprecedented in the history of our race.

The past year has been one of startling and momentous events. We have witnessed the progress of a civil war the most gigantic that the world has ever seen; periling the existence of a government avowed to be the last refuge for oppressed humanity, the last asylum of liberty and the last trial of that great experiment whether a Republican government can be sustained. In this mighty struggle for the supremacy between constitutional law and order on the part of the loyal States of the North, and the independence of the Southern Confederacy by the South, we have witnessed vast armies, such as modern times have never known, composing more than a million of men under able Generals meeting in the fields of battle and exhibiting deeds of valor unparalled in the annals of warfare. The fair fields of our country have been reddened with the

mingled streams of loyal and disloyal blood, and have been converted into charnel houses of death. We have seen exhibited in this great conflict, the inventive genius, the indomitable will and the inexhaustible resources of the American people. Ordnances of enormous caliber, projectiles of novel construction and terrific power, invincible iron-clad vessels, mortar fleets that have demolished granite fortifications, so constructed as to set at defiance the tactics of the world, have sprung into existence at the call of this mighty nation. A new era has been inaugurated in the mode of attack and defense, the nations of the old world have suspended their labors on coast defense and vessels of war, and are watching in suspense the operations of these new creations which they know must revolutionize the forces now in existence and transfer the balance of naval power to the Great Republic. This year has witnessed the transformation of a peaceful people, devoting their energies to the cultivation of the soil, to manufactures and commerce, into the greatest military power on the earth; the pursuits of husbandry have been interrupted by the march of great armies, and the barn of the wheel and the muck of the farm have been lost in the roar of artillery and the cloud of battle. But we have reason to believe that the days of this rebellion are nearly numbered—that soon the old flag of the Union will be again unfurled by consent, consent over our whole country, and the North and the South again dwell together in harmonious brotherhood under the protection of our sainted Constitution. And we shall rejoice to find the American Medical Association again convening its annual convention and bringing together the collective wisdom and experience of the profession in the promotion of the important objects of its organization. But it was not my object to dwell at length on a subject so congenial to our tastes and feelings, so distressing to our national prosperity and happiness as the present terrible condition of our country, but to bring before the Convention matters more interesting and profitable for our consideration. Perhaps no subject can be with more propriety considered by us, than *the duties of our profession to society, the benefits derived from its exercise, and the duty of legislators to provide for the necessities of the public by attending the educational requirements of the profession of legitimate medicine.*

It would at first appear surprising that a profession which has exerted so controlling an influence on the happiness and destiny of the

world, should be so inadequately appreciated. And this fact can only be accounted for, by the nature of the profession and the relations it sustains to the public. In its nature it is retiring, and labors amidst scenes of misery and suffering, quietly discharging its duties and only found in public mingling with the masses when its attention is directed to some great work of benevolence or of general utility. It is consulted by legislators, when wise and sensible advice is required for the public health, or when provision is to be made against the ravages of some fatal epidemic disease, but when the occasion which called it forth no longer requires its presence and influence it retires from the public eye, while its labors are forgotten amid abundant evidences of its power and while living monuments attest the potency of its influence. The profession has a moral dignity, elevation and grandeur peculiar to itself—for such is the subject of its ministrations—no matter how degraded the individual, though cast off by kindred and friends and left to suffer on the highways of life, the faithful physician recognizes even in his degradation the claims of a fellow traveler, and like the good Samaritan he passes not by on the other side when darkness and despair are closing around him. All ranks have a claim on his services from the very threshold of existence; with sleepless vigilance he watches and defends to the last extremity the citadel of life when the angel of death threatens the slumbers of the infant, the high noon of manhood and the evening of declining age. And when his skill can no longer ward off the decree of the Almighty, then only, he resigns his patient to the inevitable hand of destiny, to be gathered to the successive generations that repose beneath the surface of the earth. The world listens with indifference to the recital of thousands slain on the battle-field or swept away by other devastations in the course of human events; it is only when disease threatens the lives of our kindred or enters the family circle, that we feel the presence of the great destroyer and eternity seems no longer lost in the illusions of distance. Then it is that the physician seems clothed with superhuman agency and is regarded as standing between the issues of life and death, and the utterances of his lips are listened to with eager attention. All ranks and conditions of life are on one platform before him; virtues and vices are alike revealed to his observing eye; moral deformities and vicious manifestations are unmasked, but only to be buried in oblivion. How important that a profession which holds the unre-

enslaved character of men in its keeping, should be worthy of the trust committed to its care.

It may be well now to briefly glance at the history of our time honored profession. Originating in the dark era of ignorance and superstition, it has ever been the chosen and only legitimate repository of the medical experience and learning of the ages that have rolled away. Such names of its early founders as have come down to us, are conspicuously inscribed on the pillars of our medical temple. Our system in its broad and magnificent proportions, stands like an eternal pyramid commanding the respect and admiration of the world; while other systems are, in comparison, mud-like fabrics which children raise in the sand for their amusement. Superstition, for ages, regarded it sacrilege to disturb the bodies of the dead to learn wisdom from the examination and dissection of the human frame after the mysterious fire of its existence had been extinguished. But scientific research has revealed the fact that the utmost care cannot preserve unimpaired this beautiful structure which we adorn with so much care, but it must return to the dust from which it was taken and be trodden beneath our feet and wafted by the winds to contribute to new creations in the economy of nature. Christianity discloses the higher truth that man has a nobler destiny than this earth; that annihilation exists only in the atheist's brain, and that while there are a thousand avenues from life, there is not one from existence. Superstition no longer guards the sepulchral gate, but the wonderful structure of the human body is yielded for the advancement of science and human improvement. Anatomy has unfolded its rich treasures and the surgeon has been furnished with the information by which he has been enabled to perform the most difficult operations. In military surgery how great are the obligations of humanity to the profession; the battle field has been made the theatre of its triumphs; new laurels have been added to its skill amidst the shock of contending armies, and the carnage of war has been deprived of many of its horrors by the self-sacrificing ministrations of array surgeons. But war with its casualties has been a most valuable school for surgery, and that branch of our profession is now gathering most valuable experience from the number and endless variety of cases submitted to its skill. In our own country this was particularly the case in the war of the Revo-

lution, which gave a great impetus to the profession and led to many novel and valuable plans of operation and introduced many improvements in surgical instruments and appliances. Before this era, surgery was comparatively in its infancy in this country, and it is an interesting fact that may not be generally known, that the first dissection of a human subject by a physician in this country, was made in New York in the year 1750, by Drs. Barish and Middleton on the body of Hermann Carroll, executed for murder. After the termination of the war, Medical Schools and the department of surgery were infused with new life, and several valuable works were given to the profession embodying the results of recent experiences. After this time, the profession and Medical schools steadily advanced and gathered new acquisitions during the war of 1812. But the profession has made more progress during the past half century than for many centuries of its previous existence and has fully kept pace with the astonishing progress of the natural sciences and the great strides taken in the march of human progress, which is fully illustrated by the changes that have taken place in our own country during this eventful period. The glorious mountains, the broad rivers and immense prairies—the great features of our physical geography, remain unchanged. But the rivers which flowed through vast solitudes unbroken by the voice of civilization, are now whitened by the sails of commerce proceeding from the great cities which have sprung into existence on their banks; during this period the genius of Fulton has introduced a new agent which has revolutionized the civilised world. Men formerly moved on water as the wind gave them perturbation, and on land, by the slow power of animals. So recent has been the introduction of this great power that I recollect distinctly when, in 1807, the first steamboat was launched in my native town on the waters of the noble Hudson. The genius of Fulton, aided by the liberal-minded Livingston, made the great experiment. In the application of this great agency to the printing press, to railroads and to all the great manufacturing interests, it has introduced an era so prolific in results that I need only allude to them to bring in review before you their inestimable value to mankind. Corresponding discoveries have been made in Chemistry, Botany and Materia Medica; extensive fields have been explored and investigated in these departments by Brande, Hare, Siliman and others, adding largely to the

usefulness of the profession. During this period, Medical schools and Medical organizations in the several States of the Union have come into existence; improved text-books on medicine, and the collateral sciences have been published and added to our libraries, while the periodical press has been constantly sending forth new facts and discoveries. Thus armed, the profession has become almost invincible in the treatment of diseases which in former times were imperfectly understood. The investigations of science are to the educated physician like the light from heaven, cheering and guiding him in his labors. Our ancestors knew the importance of education, hence they laid the foundations of our colleges with their own labors, knowing that the destiny of the infant colonies depended upon the education of the people—that literary and scientific investigations like the larger arteries imparted through their minute ramifications their life giving influences—that without them progress in all the departments of life would be arrested. The arts and sciences are intimately connected, for they promote each other. How important is art to mankind; the name itself conveys to the mind which comprehends it the noblest achievements of man and the brightest displays of human genius; more humble than science it is not less important; to it we are indebted for the pleasures of our tables, the comfort and beauty of our wardrobe, the cultivation of our fields, the lightning speed with which we move over the land and the ocean—in short, all the conveniences, luxuries and pleasures of polished life are dependent on the arts, assisted by science. We see the application of principles established by the Creator of the universe to produce every definite and desired result for the benefit of his creatures. The natural sciences are a part of our professional studies—they produce a powerful moral and intellectual effect; in them we see the mighty operations of the Infinite; we glance at His perfections and are stimulated to new discoveries on the broad fields of His creation.

For the benefits which the arts and sciences have conferred upon mankind we are mainly indebted to the Medical profession, for it is only a short period of time since these theories were confined mostly to Medical schools; they are now introduced into our colleges and universities. In the investigation of natural science, new discoveries are constantly being made. In 1820 electro-magnetism was discor-

ered. New developments were subsequently made by Ampère, Sir Humphry Davy and Professor Henry of the Smithsonian Institute, but the application of the electric fluid to the telegraph is due to our countryman, Professor Morse. This same element which has sometimes been so destructive to life, has been harnessed by a human cord and brought by science from the skies and made subservient to our convenience—bringing the ends of the earth into instantaneous communication and bringing at this time the detachments of the Federal army, scattered over a wide extent of territory, into the presence of the War Department. Scientific researches led to the discovery of the daguerrotype and electrotpe (the ambrotype and photograph being modifications of the daguerreian principle) making the impression of light on prepared surfaces the most natural and correct painter. Before the discovery of chlorine gas by Scheele, England is said to have sent her linen manufactures to Holland to be bleached where grass and sunshine were cheap. And at Lowell, Massachusetts, two hundred cows were kept to fix colors on calico before Dr. Dana discovered a cheap chemical substitute. The investigations which have advanced the noble profession of agriculture by the analysis of soils, the properties of various fertilizers, the discoveries in entomology, have added immensely to the wealth of millions and to the comfort of millions of teeming population. Correspondingly has the medical profession been enriched by the researches and discoveries of those who have devoted themselves to its interests; by comparing the present status of medicine with the primitive, we see something of what has been wrought, and moreover "that while an enlightened practice of the healing art is like the brazen serpent lifted up among the expiring Israelites, ignorance and sickness, which always exist in partnership, are like the dying serpent, let loose to sting and destroy." These vital interests of a community can only be entrusted to men of enlightened minds, experienced by reading, disciplined by study and conversant with the laws of the animal economy.

Distinguished men of all professions have expressed similar sentiments, and in proportion as the profession is thoroughly educated and instructed are the vital interests of society promoted and the duration of human life increased. An enormous impulsion seems to exist in every community in relation to the duration of life at the present time as compared with longevity in the generations of our

father; and we are referred to the aged veterans who have outlived the allotted limit of life, as proofs of the truthfulness of the statement. But statistical tables show most conclusively that the duration is constantly increasing. We have room only for a few statistics, compiled from authenticated tables. In the vital statistics of Europe, we are told that in the latter part of the 14th century, the average duration of life was only eighteen years—one half of the population died under the age of twelve years; at the last report, one half exceeded forty-three and seven-tenths years, making the increase of longevity from eighteen, in the 16th century, to forty-three and seven-tenths, in the 19th. We observe that in the city of London a century since, about 69 per cent. of the children died before attaining their fifth year. The per cent. is now only 30 to 35, making in a population of six hundred thousand souls, a saving of one hundred thousand lives annually. In the city of Geneva, in the 18th century, one in twenty-five died annually, now, one in forty-six. In the transportation of penal convicts from Great Britain, on a change of contract by which the remuneration for the passage depended on the number landed, instead of the number of passengers, the number of deaths have diminished from 20 to 60 per cent. to 13 per cent. These great changes in mortality have been effected by sanitary improvements, and it illustrates the value of sanitary science, which forms a part of the great system of medicine and with which it is infinitely connected, and which requires a thorough knowledge of the science of chemistry, the laws of physiology, treatment of diseases, change of climate and other influences on the human body, and all the laws which regulate the prevalence of epidemics. These are facts which every physician should understand in order that he may prove a faithful guardian of the public health. We will give a few illustrations: Prof. F. A. Hamilton, (now a Brigade Surgeon in the Federal army,) publishes a history of an attack of cholera in the city of Buffalo in a previously healthy locality in 1852, resulting in the death of nine persons in the distance of two or three squares, in the course of a week, all traceable to upsetting the soil in digging for a water pipe—showing the danger of disturbing the soil in cities in certain temperatures. This is a single instance of the many which have occurred from similar causes. Attention to the laws of sanitary science it is said exempted Holland from the ravages of cholera. You are aware

that when the cholera visited the city of Montreal in 1832, the Common Council of the city of Albany commissioned a distinguished member of our society, now residing in New Haven, to visit Montreal and make a thorough investigation of the nature, causes, treatment and prevention of that new and terrible scourge then let loose for the first time upon this continent. To his able and lucid report we are probably indebted to that preparation for its reception which in many of our cities deprived it of so much of its violence. Our books are full of illustrations of the practical value of this science, which is more apparent in the statistical tables of mortality in prisons and hospitals, than in the country. We are informed that when that distinguished philanthropist John Howard, who goes down to posterity as one of the greatest benefactors of mankind, visited the prisons of Europe, to such an extent did filth, destitution, disease and overcrowding exist at that time, and all previous times, that a common prison was generally regarded as the portal to the tomb. In 1777, at the Black prison in London, Lord Chief Bacon, the sheriff, some jurors and three hundred of the spectators died from the effects of the miasmata of the prison. Howard, with the assistance of our profession, by his indomitable perseverance forced these facts upon the public attention and demonstrated the means of remedying this evil. As the result, jail fever is now scarcely heard of where sanitary laws are enforced. M. Villermé shows the diminution of mortality in the prisons of France by attention to sanitary laws: from 1800 to 1825, the diminution was from one, in nineteen, to one, in forty-three. The comparative mortality of a course of years in the prisons of New York, Sing Sing, Auburn, Charlestown and Wethersfield is worthy of notice. From 1797 to 1823, six hundred and twenty-one died in New York State prison, while two hundred and forty-five died in Auburn, both having nearly the same number of convicts. In Sing Sing, N. Y., from 1849 to 1860, there was an average of eight hundred and eighty convicts, among whom the whole number of deaths was less than two per cent. There are two systems of prison discipline—the solitary or Philadelphia, and the Auburn or congregative; the first contemplates the entire seclusion of the convict—in some cases not a ray of sunshine entering his cell. The other separates them at night and at meal times, only. The location of our own State prison is unfavorable to health, owing,

probably, to the dampness and constant exhalation of vapor which condenses upon the walls of the building; and we find, as we should anticipate, a great prevalence of rheumatism and phthisis, and more deaths resulting from the latter cause than from any other single disease. The mortalities of the prisons of Sing Sing and Charlestown have been given above; they are less than two per cent. In Wethersfield, four thousand three hundred and forty-seven convicts were admitted from 1829 to 1862; number of deaths, one hundred and sixty-one, making the per centage $3\frac{1}{2}$, besides a large number who were discharged for no other reason than that they might die among their friends. Hence we see that the mortality is two per cent. greater than in other prisons where the same system is pursued—or eighty lives in 20 years; had those men been executed on the gallows, instead of being sacrificed to disease originating in the neglect of the settled laws of health, how would the public sensibilities have been shocked at this enormous waste of human life. Whether under-draining the foundations of the prison would correct this great destruction of human life, is a question worthy of attention. Humanity demands its investigation. Intelligent physicians are competent to advise the community on all matters appertaining to health, eating, sleeping, exercise, clothing, food of all kinds, the habits of the individual, the use of stimulants, ventilation, removing the sources of disease (in all of which matters of exposure the public are profoundly ignorant) as well as the fact that a particle of decayed animal matter no larger than can be held on the point of a needle, will, when inserted beneath the skin, produce death in a few hours. What has been briefly alluded to should be sufficient to induce the public to demand, in the name of humanity and Christianity, the interposition of the laws of sanitary science to rescue from destruction this large amount of property, health and life. Then, on the principle "that national health is national wealth," we might rejoice in the great aggregate of happiness and national prosperity and the diminished expenditures for the relief of pauperism and crime.

Our Government, in the present military contest, appointed a Sanitary Commission composed of distinguished physicians and other gentlemen of ability and scientific attainments, to inspect the camps and hospitals occupied by our soldiers, and report upon the most advisable means of providing against those diseases to which the Volun-

test is liable through exposure, change of climate and of habits; the result was a report the most valuable and exhaustive that has ever been made upon this subject, and the valuable suggestions contained in it have done very much to improve the sanitary condition of the Federal army.

I have not alluded to the many highly important discoveries which have been made by the profession and I will only mention, in the language of a distinguished writer, a single one of them. "The single discovery of Dr. Jenner, and the consequent expulsion of small-pox, will lose to the world, in health and active life, more than the expenses of all the colleges in the globe."

There was a class of unfortunates who were found by the benevolent spirits of the profession in garrets, cells, stables and out-buildings, chained like beasts of the forest and exposed to cold and hunger, to scourging and other indignities. Their condition was considered hopeless, when the profession interposed in their behalf and devised that system of moral treatment which has introduced the darkened, wandering intellect to all the comforts, conveniences, and to many of the luxuries of life; every necessary want being cheerfully relieved. Magnificent buildings have been erected for the insane in the best style of architecture, and spacious grounds filled with flowers and shrubbery, have been laid out with the greatest care and taste; the patients are placed in spacious and well-furnished apartments; libraries of well-selected books, instruments of music, engravings and paintings and every thing that can satisfy the requirements of a refined taste are furnished to them. With these surroundings, and the professional treatment of able physicians, it is not surprising that so large a proportion of this class of unfortunates should be restored to usefulness and society. How fortunate for them that light has dawned upon their condition and rescued them from the prison and the gallows for crimes and misdemeanors of which heaven had not made them responsible. The deaf and dumb too, and the blind, have been placed in asylums with similar conveniences and comforts and the same beautiful surroundings, and light has been poured into the vacant chamber of the mind and they have been educated for usefulness and happiness.

Another class of afflicted humanity have more recently fallen under the observation, and awakened the sympathy of our profession. Many of them have been rescued from lives of vacuity, mental imba-

cility and vicious degradation and educated to a degree of usefulness, virtue and intelligence by the gentle influence of physical culture and moral and mental training. The redemption of many of this class has been complete, while others have been much improved. These schools for imbeciles have been established in several States and are regarded as being very successful in their treatment.

There is another class from whom nature has not withheld her hand who appeal to our benevolence to be protected from themselves. I allude to the inebriate, whose morbid appetite no longer controlled by reason, corrupts the mind.

No class or condition of men are excepted from this *bane of our race*; the high and the low, the rich and the poor, are alike its victims; it hurries them all into unhonored graves. Appeals to personal pride, the exhortations of friends, the tender pleadings of lovely women, the view of the awaiting fate and the bright expectations of the Christian, are all unheeded. What then can save them from impending destruction? In this hour of despair, our professions open to them an asylum; the morbid appetite is treated as a disease; the shattered frame is irrigated; reason returns to her throne and the patient walks forth in the proud consciousness of being again a man. Such institutions for inebriates have been for many years in successful operation in Europe. And in the State of New York an appropriation has been made and ample buildings are nearly completed for this object. As a proof of the great want that is thus supplied, it is stated that over four thousand applications for admittance have been already made.

But why allude to these institutions so recent is their origin, when the world is indebted to the medical profession for all the institutions for the relief of suffering throughout the civilized world. There had no existence in the days of Rome, when her imperial splendor filled the world and her thousand cities rolled in wealth and luxury. Nor among the imperishable ruins of Athens, of Luxor, of Tadmec and Tyre. You will look in vain among the mouldering ruins of their magnificent temples for the broken column of the hospital or asylum for the unfortunate or the suffering poor. Not the eloquence of her Seneca, nor that lofty public spirit which was the glory of her age, had any voice of sympathy for appealing wretchedness. But there was an edifice for the destruction of the feeble, the aged and the helpless, showing how dark and dismal was the path-

way of the unfortunate to the grave, unaided and unprotected by the hand of Christian benevolence. And what was true of that age is still the condition of the present, where Christianity and our profession have not exerted their ameliorating influences. Look at the plains of India, reddened with the blood and whitened with the bones of the devotees of Juggernaut. In that domain of death we find every vestige of sympathy obliterated from the heart of humanity; the innocent babe finds no refuge in the maternal bosom, and the Ganges bears away its horrid freight, the victims of a bloody superstition. Christianity has acknowledged her obligations to the profession in the ten-fold power with which the cures performed by physicians and the operations of skillful surgeons have armed its missionaries in their great work of emancipating these dark regions lying without the pale of Christianity, from the bloody rites and degrading ceremonies of Paganism. When we make allusion to the benevolent institutions which the profession has erected in every part of the civilized world, we do not claim that it is to the wealth of the profession to which the world is indebted for them—although according to their ability the members of our profession have always maintained a noble liberality—but their labors, services and influence have been freely contributed, importunately soliciting the means and demanding in the name of suffering humanity, from private wealth and legislative bodies, the necessary funds and appropriations for their erection and support. And when they have been dedicated to public charity, the ablest men in the profession have given their services without pecuniary compensation. It is conceded that at least one-third of all the professional services rendered by physicians in the city, and in the country perhaps much more, is gratuitous, with no other compensation than the consciousness of doing good and contributing to relieve the mass of suffering and misery which meets us on every hand. No other profession renders to all men such an amount of service for the same pecuniary compensation. The physician, from the philanthropic nature of the profession, is regarded by the public as the guardian of health who obeys every call made upon him for services, regardless of pecuniary compensation and personal comfort; he is called upon in midnight darkness and in tempestuous storms, as well as in the glad sunlight when nature displays around him all her charms. In these ministrations of mercy he

renders the same cheerful services to the poor as the rich, remembering that the poor were the especial recipients of divine ministrations and miraculous power when the Saviour of mankind descended on his great mission of redemption to our fallen race, regarding man as deriving his true dignity and importance from his immortal destiny. It has ever been the glory of the profession, from its early founders to the present time, that it has carried light and comfort into the lowest depths of suffering humanity, and gentle as the dew, distilled peace and happiness on the abodes of the poor—following thus in the pathway of Him who brought salvation to earth and shared with the poor the bitter cup of life, who often relieved the stern necessities of their condition by making them the especial subjects of his miraculous interposition, and who, when the days of his humiliation were ended, left them as the heritage of the profession forever, "to be visited in sickness and in prison," and he promised as a reward for enduring faithfulness, that He would make it one of the great considerations of eternal happiness in the tribulations of the Judgment Day.

But how vast are the obligations of society for the benefits that forensic medicine has given to the high tribunals of justice in its researches and investigations on the nature and detection of poisons which are found in the mineral and vegetable kingdoms, which had been for all preceding time, secret and terrible agencies in the destruction of human life. So certain and reliable are the tests for these poisons that the smallest quantity of the most subtle of them cannot escape detection in the human system long after the grave has closed upon its victim. Also, on the nature and results of wounds and other acts of malicious violence, and in unravelling the intricate mind and determining the degree of insanity and consequent moral accountability of the accused; in the detection of feigned insanity, the frequent pretence of the most desperate and depraved offenders. On these and many other subjects of jurisprudence, courts and juries have been instructed by the profession in cases involving the rights, privileges and lives of the community; protecting the innocent from undeserved punishment on the one hand, and detecting with unerring certainty the guilty on the other. As therefore the great ends of justice are promoted by the certainty of punishment, the medical profession has contributed greatly to the pro-

tection of human life and has thrown such safeguards around society that we repose in comparative safety as well in the midnight silence of our habitations as in the open day and in the crowded thoroughfares. We see that humanity pleads in behalf of the medical profession because it has been, through its colleges, medical schools and their alumni, the originators and discoverers of many great improvements in the useful arts, and powerful agents in the advancement of science which have so largely contributed to the happiness and elevation of mankind; in the innumerable blessings that it has dispensed through its hospitals, asylums, clinics and other institutions of public charity; for the manifold debt of centuries rendered to the suffering poor of all Christian lands; for the obligations which the missionary has acknowledged in breaking up the iron reign of ignorance and superstition "in the region and shadow of death;" for the assistance which forensic medicine has rendered to the enforcement of law, throwing around society the passivity of its protection; in not only making life comfortable, but in greatly increasing its duration not only on the earth's surface, but by descending into dungeons and prisons, carrying light and comfort into the abodes of wretchedness and crime. For these and other benefits already acknowledged, the profession is entitled to the gratitude of society, and we anticipate with delight the glowing prospects for the future, when the hosts of ignorance, superstition and fanaticism in all lands shall retreat in dismay to the dark caverns of the earth, before the light of scientific research and investigation breaking upon the masses of the population and extending the boundaries and enlarging the domains of the profession, subjecting even the uncontrolled winds, the secrets of the unfathomed ocean and elements still undiscovered in all the kingdoms of nature, to purposes of convenience and usefulness to mankind; adding new forces to the arts and sciences and new remedies in the mitigation of disease. But have the public properly appreciated our faithful services? have they estimated the moral courage and heroism of the profession in exposing themselves to the unparalyzing and terrible devastations of the plague, the cholera and other scourges that have visited the world and which have made such appalling havoc among medical men from the exposure that they have voluntarily assumed? Have they not been forgotten in the loud applause which a grateful public

has bestowed upon conquerors and patriots! The hero of the battle-field, the leader of the forlorn hope of struggling freedom, the splendid achievements of the patriot in civic life are immortalized by genius in song, in painting and in sculpture; but the fearless physician who falls in defence of the holier duties of humanity, falls unnoticed; neither mural tablet nor monumental marble commemorates the event. In this marked discrimination we will mark a few instances of the many. In the city of New York, not many years since, a noble band of our profession were seen falling one by one before a new and terrible epidemic until their ranks were fearfully thinned; the aged physician leaving the confidence of all around him, after having saved many lives, falls himself; the practitioner in the high noon of manhood falls by his side, while the young physician just entering on a career of fame and usefulness dies on the very threshold of the dwelling that has been made sweet by the blessings poured upon him by a grateful family. And does the profession falter with death in their midst? No, the ranks are immediately filled by others with the same devotion, cheerfully assuming the same exposure to the pestilence that walks in darkness. Many fall unnoticed, save by the survivors of that noble brotherhood to which they belonged and their desolate and stricken families; the public heart is cold as marble.

Take another instance. When a southern city was almost depopulated by a pestilential disease, and its brave physicians unflinchingly stood between the living and the dead discharging the painful duties of the profession when all having the means of escape fled on the wings of fear from the scene of death, and when thousands too poor and too weak to follow them made loud appeals for assistance to fill the ranks of the fallen in the profession and save the remnants of the people, a noble band in a northern city heard that appeal and left the quiet and lucrative fields of their professional labor and the bosom of their families, to expose themselves in this atmosphere of death—in large number of them fell martyrs in this holy cause, and when their lifeless remains were returned to their desolate homes no public demonstrations of sympathy nor funeral display of public sorrow rendered suitable honor to the courage and high devotion that was exhibited by these heroic men who sacrificed their lives to the dearest interests of suffering strangers.

In contrast with this, a few years since in the city of New York, two firemen fell—as fall the brave—in the fearless discharge of their duty. The city council was convened and voted the honors of the city and a public funeral expression of the public sorrow; sermons were preached in the city churches extolling the courage and virtues of these "humble men;" the funeral was attended by the city authorities, and a mourning host with craped banners, and the municipal bells of the city all united in giving utterance to the public grief; even the families of the deceased were supported and their children educated at the public expense.

We will cite a single instance more and we are done. We have noticed in Greenwood Cemetery, on a beautiful elevation, a lofty monument worthy of the wealth which erected it and the occasion which it commemorates—it bears the name of a pilot who shrunk not at the peril of his life in attempting the discharge of his duty in the effort to rescue a noble vessel and her crew during a terrific storm—the attempt was unsuccessful and all perished together. The lofty column, bearing the parted cable and broken anchor and other symbols of his profession, immortalize the event and attest the public appreciation of his heroism. Honor to the brave pilot who perils his life for others, but why withhold it from the medical pilot equally brave and fearless, who, with no eye upon him but that of Omnipotence, treads the deserted streets of a plague-stricken city to rescue from a death equally certain. Is he less deserving? In all the emblazoned chronicles of devotion to the public can you instance a more devoted courage than is found in the annals of our unostentatious profession?

We are told that "in those dreadful days when death gave frame with his work of slaughter, Hippocrates, the great father of medicine, stood up alone, night and day, to wrestle with the plague in terror-stricken Athens." And thus it has ever been whenever the panic-stricken people of any country have suffered from devastating disease; the physician has never been known to turn his back to danger. The soldier has often been panic-stricken, but the physician, never.

The profession have increased the obligations of humanity by the influence which they have uniformly exerted in supporting the laws and sustaining the government, in discharging all the duties

of citizenship, and by their intimate and social relations to each individual member of society, cementing together communities by weakening the disturbing elements of party spirit and sectional strife. The most devoted patriots in Revolutionary and modern times have been found in the ranks of the profession. Warren, the first martyr to the cause of liberty who fell at Bunker Hill, is among the illustrious examples.

The profession are always the ardent friends and patrons of every project for promoting education and improving the moral and intellectual condition of the people. In the erection of school houses, in establishing public libraries, in lectures for the diffusion of knowledge, in founding colleges, in building churches and in every other useful and philanthropic project for the improvement and elevation of the masses, the public have always relied with entire confidence on the influence and cooperation of a well regulated medical profession. And history, either ancient or modern, does not furnish a single instance in which they have conspired against the welfare of their patients, or betrayed the confidence of the public. These are among the noble and distinguishing characteristics of the profession. As great philanthropy has sometimes been exhibited in other professions. It is exhibited in that noble declaration of the hero of Rapa Vista—"I will not leave behind me my sick and wounded." And it is attributable to the disinterested and merciful nature of our calling that the atrocities of nations in hostile array have regarded the profession, in their attendance on the wounded, as exempted from the hard condition of prisoners of war.

We have seen that among nations where the profession has been best sustained and has been well organized, the general mortality is least. No intelligent statesman will deny that it is the paramount duty of government to legislate for the best interests of the nation. And all wise governments will regard the health of its subjects and the protection of human life as taking precedence of all other interests.

It is believed by the best informed men in the profession that even in our Country and State, the proportion of unnecessary deaths is still large. Some have estimated it as high as ten, others as low as two per cent.

Many of these deaths are the result of ignorance, irregular practice tolerated by law; estimating this waste of life at 4 per cent. we have lost, in a population of 400,000, eighteen hundred individuals in a single year. Human life cannot be too highly appreciated, and in times like the present, when there is a death of men to sustain the great industrial interests of the country and when so many are called upon to defend their country in the hour of her danger and greatest peril, who can compute the priceless value of life! We have probably estimated the percentage of deaths too low; but is not the number sufficient to arouse the political economist and philanthropist to stimulate the public to institute some measures by which so unnecessary a sacrifice of human life may be averted.

There are two methods which, we believe, will secure in some degree this most desirable result which do not interfere with each other.

The improvement in medical education lies at the very threshold of all permanent and substantial reformation. Let Government foster and sustain all the educational interests and make liberal appropriations for gratuitous instruction in our medical institutions, and let no person be permitted to practice medicine or surgery without having their qualifications therefore subjected to a competent board of examiners, and we have no doubt that an improvement will soon be manifested and this wanton disregard of health and life, the promotion of which is a great fundamental interest among all good governments, no longer exist as the opprobrium of our Country.

It is admitted to be the duty of all good Governments to provide for the interests of such subjects as are unable to protect themselves—hence the provision which is made for all persons in their estates and support as minors, females and others; and in our profession, appointments for the army and navy of the United States are never made until the applicants are subjected to a rigid examination by a medical board of distinguished surgeons. And the General Assembly of this State, at their annual session in 1861, by application of this Convention, in view of an "impending war," and because they regarded "the health, comfort and well-being of the militia of the State to depend very largely upon the qualifica-

tients of the medical staff," made provision in a law passed for the "regulation of the military force," that there should be a military board consisting of not less than three surgeons who should act as an advisory board to the Governor in all future appointments of surgeons and their assistants to the Connecticut volunteer regiments; and so well has this law been enforced that no appointments have been made by the Governor whose competency has not been subjected to a rigid examination by this board.

Now what is regarded as necessary for the army and navy, must be also necessary for the people themselves from which they are taken.

But why should the medical profession be regarded as unworthy or undeserving of all the rights and privileges which they have held until recently from the first organization of our State society, and which are conceded to the legal and clerical professions and in which they are protected by the strong arm of government. Are they less competent to discharge their duties than other professions? Are not the people more competent to judge of the qualifications of the clergy with that great system of theology, the Bible, in their hands, in which every duty is written as it were with sunbeams so plainly "that he that runs may read," and though a "fool he need not err"?

In the legal profession do not the people possess the statute laws, which should be so plainly written that every man can understand them and the rule of duty submitted to that everling tribunal in every man's heart—the tribunal of conscience! And if there must be litigation, are not cases in law submitted in arguments to able judges of law and to jurors who are judges of law and fact and to whom all the equities of parties are submitted, and from this, appeals are made to a higher judiciary? Are not the rights of property and life safe even from pretenders to law who may be employed as advocates in courts of law and jurisdiction?

The people are much more competent to judge of their moral and religious duties and of their obligations to their fellow men and to the government, than of the nature of diseases and the "thousand ills to which flesh is heir." The learned physician travels into regions in search of remedies whose depths have never been explored; in fields of investigation which are his unexplored

empire, to develop mysteries in the modification of mind and matter, in the molin operandi of medicines in our own intricate and incomprehensible structures, phænomena in pathology, substances and combinations in chemistry and botany yet undiscovered and deeply buried, still unrevealed although men of the most gigantic minds and profound investigation with the bright effulgence which has illuminated the 19th century, with the accumulated experience of all preceding time for their assistance. And yet they are unrevealed and undiscovered. And is it to be supposed that the man with a single idea—the mere pretender to medicine or the individual who does not even pretend to this, can understand enough to attempt to discharge the duties which devolve upon a learned profession?

This will appear more apparent when we compare our position with the every-day matters of common life. The statute laws of all States subject the flour and the fish and other provisions which are consumed by the people to competent inspectors who place their mark upon them. Even a teacher of a common district school cannot teach without an examination without subjecting the district to the loss of their proportion of the educational fund. Are health and life less important than the provisions which we consume, and the competency of the teachers of the fundamental branches of education of which the people are competent to judge, while in regard to the matters of disease they are certainly profoundly ignorant?

I am not aware that the profession have suffered pecuniarily from the repeal of the 8th section of the medical law by the legislature in 1845, but the people have suffered immensely in their dearest interests and the honor and dignity of the State has been degraded. As revolutions never go backward "we cannot expect the re-enactment of the statute alluded to. Nor do we ask it; but this singling out the medical profession, with the learning, experience and accumulated wisdom of ages in its favor, in a matter of life and death to the community, on the ground that collecting fees is a monopoly, must be regarded as absurd and unjust, reminding us of an anecdote of a Turkish ambassador at the Court of St. James who was about to strike off the head of his servant for offending him and on being told that it would not be allowed in England, replied with great spirit, Is not this a free country?

But we have said that the improvement in medical education lies at the threshold of all substantial reformation in the profession. It is not enough to restore the profession to its former dignified position, with equal rights and privileges with other learned professions. The necessity of educating the other liberal professions is universally admitted; so imperative has been regarded the education of the clerical profession that everywhere schools of theology have given all the educational facilities required to place it in the highest condition of usefulness. We know of only one State that has provided for the medical education of her students for a mere nominal fee. It is conceded that the medical ranks next to the clerical profession on the score of ignorance and usefulness; hence we have spoken of gratuitous lectures and other instruction to such meritorious students as are destitute of the necessary means of paying for their lectures, as an important reformatory measure of the age. There exist cogent reasons for unusual measures at this time for supplying the country with educated men. It may be regarded inappropriate, at a time like this, to speak of any new projects needing appropriations when the entire resources of our National and State governments are pledged to the vigorous prosecution of measures on the grandest scale of operations ever conceived for the suppression of a rebellion exceeding in magnitude any former international war in the annals of history. But there is a great dearth of thoroughly trained men in the ranks of our profession. It is well known that, previous to the present national crisis, the admissions into the profession only supplied the loss by death, leaving no provision for the vast increase of population. This destitution will be severely felt in the less populous and more impoverished portions of our country where so large a number have been called into the national service. Will not the people that remain, fall an easy prey to depredations of empiricism in its protean forms! thus relying back upon them such waves of desolation as will bury the results of long years of the persevering toil of our contemporaries. Will they not present a reasonable claim upon government for evils incidental to their condition! Do we not provide courts of justice, internal improvements, and the means of popular education!—and why withhold the protection to health and life when we have seen that half a century has extended the duration of life from forty to fifty years, or twenty-five per cent.

For a long period of years the State of New York has distributed seven thousand dollars annually to her medical institutions, and no one has dared to question the wisdom or expediency of the measure. May we not hope that when the clouds of war that now darken the horizon of our land shall have passed away, some voice may be heard from the footstool of power which will make provision for the people who are occupying the new and unexplored regions of our country. The small appropriation of two thousand dollars a year will, it is estimated, furnish lectures to forty students, who shall be recommended by a competent board as possessing the requisite preliminary education, good moral character and other qualifications for the profession of medicine; and we have no doubt that our liberal and distinguished faculty of Yale College will admit them gratuitously to a second course of lectures. Such an example would soon be followed by other States. Our State has poured out its treasure like water for the prosecution of the war, which is creditable alike to her liberality and patriotism, and we ask only a trifle of what is used for other purposes for this cause of humanity.

War destroys the enemies of the Republic while we preserve the lives of its citizens. The former, we have seen, celebrates its victories by public demonstrations, the other quietly points to the hosts of living men rescued from the grasp of the King of Terrors. No matter if our bloodless achievements are not commemorated so long as we hear the voice of that ancient patriarch, who was the embodiment of the profession among his people, over the grave of more than thirty centuries proclaiming—"When the ear heard me, then it blessed me; and when the eye saw me, then it gave witness unto me. Because I delivered the poor that cried, and him that had none to help. The blessing of him that was ready to perish came upon me; and I caused the widow's heart to sing for joy. I was eyes to the blind, and feet was I to the lame." Thus, in the beautiful and sublime language of the Bible, we have this truthful delineation of our labors.

I had intended to allude briefly and commendingly to the action of our General Assembly in the appropriation made for our insane poor and the State hospitals, which latter have been highly useful to the Government in furnishing accommodations for the wounded of the volunteer force of this and other States;—and also to have re-

viewed the inconsistent action of the legislature regarding the insane convicts of this State, for whom suitable accommodations had been erected with all the modern appliances for their relief and comfort consistent with the public safety, when a sudden change of policy coming over the legislature this humane and enlightened scheme, in keeping with the dictates of humanity and in accordance with the benevolent spirit of the age, was abandoned, and so they remain imprisoned in dungeons and common jails for offences against laws of which they cannot be guilty—for the Almighty has not made them accountable. Christianity and humanity pray for some amelioration of their condition! but we can only lay their claims for relief before another legislature.

But I have filled my allotted space in the proceedings of this occasion with the brief and imperfect view I have taken of the progress of the profession and some of the benefits which have resulted to the world from its labors. I cannot close however without an allusion to the founders of our venerable society, whose seventieth anniversary convention we now commemorate. Not one of them remains!—but the infant society which they organized has attained the vigor and strength of manhood and exhibits none of the infirmities of age. The learning, respectability and worth of the medical profession have rallied under its banner, and the instruments of its progress are found in its medical colleges, retreats, hospitals and kindred institutions of learning and philanthropy.

ARTICLE VII.

BRIEF SKETCHES OF THE
EARLY PHYSICIANS OF NORWICH†

BY ARTHUR WOODWARD, M. D., OF FRANKLIN.

[Read before the New London County Medical Meeting, April 17, 1882.]

Of the physicians generally of the American colonial period, little is now known. As a class they were not ambitious to participate in public deliberations, or take the lead in advocacy of popular measures, so that only few names became prominently identified with local or general history. Many devoted to the duties of their calling the undivided energies of long and laborious lives, reaping only a scanty pecuniary recompense for the present, and no place at all in the grateful recollection of posterity. Respected and loved by contemporaries with that respect and love which strikes such deep root and blossoms so beautifully in the chamber of suffering, they were too frequently forgotten when their own generation had passed away.

No systematic account of the early physicians of Norwich has hitherto been given. The materials for such a work are fragmentary, and collectable only with great difficulty and labor. Public records afford little assistance, while the scanty aid they might otherwise render is still further impaired by the general omission of any professional title from their names. Another peculiar circumstance of the present case cuts us off from one source of information, which in many localities is highly fruitful. During the early colonial period (as has almost always been true in the infancy of nations) the professions of theology and medicine frequently met in the hands of

† Ancient Norwich included within its limits till May, 1786, the towns of Franklin, Lisbon and Boscawen and a part of the town of Preston.

the same incumbent, the cure of feebly ill being esteemed an incidental concomitant to the cure of the more dangerous maladies of the soul. These clerical physicians exercising their double vocation won a people justly celebrated for affectionate attachment to the expositors of the divine oracles, were often minutely remembered and described for after time, in virtue of the popularity of the priestly office. But in Norwich, the two professions were kept entirely distinct from the beginning, so that ecclesiastical writings in all the multifarious forms they then assumed, are wholly unavailing to the biographer of her early doctors.

Of some of these, almost the only memorials are the precious inscriptions of moss grown and neglected tomb-stones. Others whose days of toil and nights of watching in alleviation of human pain were otherwise forgotten, still live in the hearts of their descendants, and in traditions floating downward in the same current with their blood. The names of several enter largely into contemporary records, whereby we may infer the prominence of their influence, though the various proceedings they shared in and the trusts imposed upon them, must be passed in silence as too extraneous-place for enumeration in our brief tribute to their memory. Yet it should not be forgotten that, as a citizen, one may be prominently useful, and still perform few actions whose social either interests the attention or quickens the praises of posterity.

The medical profession in ancient Norwich was more than respectable; was distinguished. As practitioners, several of its members had few superiors on the continent. As reformers of abuses and fearless advocates of salutary though unpopular changes, they held place in the foremost rank. In the year 1763, prior to any attempts at medical organization elsewhere on the continent, Theophilus Rogers, with ten others, petitioned the colonial Legislature for the charter of a medical society. This movement, made in advance of the age, was negatived in the lower house. Still it indicates one of the most important crises in the history of the profession. The presentation of that unpretending Norwich memorial, was the initiative step in a series of efforts which have since resulted in the permanent establishment of many flourishing State associations, and within a few years, of the National society, which has contributed in a high degree to purify the ranks, elevate the aims, and make a real unit

and fraternity of the profession in America. In the attempt alluded to, it was not the object of the petitioners to secure any immunities or exclusive privileges for themselves, but to protect the health of the community by additional security. At that time there was no authority in the State, legally qualified to confer Degrees in a way to discriminate the man of solid acquirements from the ignorant pretender. Many, without either study or natural aptitude for the exercise of the calling, by shameless vauntings imposed upon a credulous populace, and by assuming their title, brought discredit upon honorable men. Our Norwich memorialists wished to strike at the root of this disgusting and rampant empiricism. To shut down the floodgates through which their ranks were inundated by incessant streams of ignorance and charlatanism, to establish a standard of education by making a respectable amount of attainments an indispensable requisite to the acquirement of the title, they asked for the appointment of a committee legally authorized to examine and approve candidates, if found qualified. Thus Norwich, though unsuccessful in her first attempt, was the pioneer in the cause of American medical organization.

As early as 1755, when there were but two medical schools in the whole country, Drs. Philip Turner and Philemon Tracy issued proposals for the delivery of a series of lectures to students on "Anatomy, Physics, Surgery, &c." As additional incentives to induce the "rising sons of Esculapius" to improve the facilities proffered to them, they tendered the free use of a "complete library of ancient and modern authors," together with "the advantage of being present at capital operations, dissections, &c." The prospectus goes on to state, that "every attention will be paid by the subscribers to render their lectures both useful and pleasing, their constant endeavor will be to facilitate the instruction, direct with propriety the judgment, correct the errors, and increase the knowledge of the pupils in their study."

Another interesting point in the history of Norwich was the long and bitter controversy between the advocates and opponents of inoculation for small-pox. At that period this disease was the most formidable scourge of humanity. There was no place of refuge from its ravages, nor means of mitigating the fury of its poison. Inoculation having been practiced with success in Turkey, had recently, through Cotton Mather's influence, been introduced into the

Colonies. Commencing in 1700, for many years several of the more prominent physicians of Norwich struggled successfully to establish the practice against the inveterate prejudices of the community. A popular vote, authorizing pest houses, passed after the lapse of a third of a century, shows how obstinately the public contended before yielding to the superior arguments of the profession.

Our preliminary remarks applying to the profession of Norwich collectively, by obviating the necessity of repetitions, will enable us to make our sketches of individuals brief, and in those we shall confine ourselves to the first one hundred and fifty, of the two hundred years.

Dr. SOTOMER TRACY was among the earliest, if not the very first physician of the infant settlement of Norwich. He was the fifth son of Lieutenant Thomas Tracy, one of the thirty-five original proprietors of Norwich, whither he came with his father, brothers and sister, in 1660, at the age of nine years.

He married first, November 23d, 1676, Sarah, daughter of Deacon Simon Harrington, by whom he had a daughter Lydia and son Simon.

The accomplished historian of Norwich says of him, "He must be remembered among the solid men of the first generation, very active in all town affairs, Constable in 1681, Selectman for a long course of years, and always chosen for what was called the east end of the town." He probably resided therefore, at, or near, the old homestead of his father, east of the meeting house.

He died July 9, 1731.

Limiting the active professional career of Dr. Tracy to forty years, the descendants of Lieutenant Thomas Tracy, in the male line, have held distinguished rank as physicians for more than one hundred and seventy-five of the two hundred years that Norwich has had a history.

Dr. CHAS. BEAUMONT, son of Captain Richard Beaknell, is the next physician of whom any account has been discovered. He was born May 24, 1679, and married, January 2, 1660-1700, Ann Leflingwell, leaving by her, a son and five daughters. It is believed that his early location was near the residence of D. W. Colt, Esq. At a later period he probably removed to the Landing.

Captain Bushnell, as he was more generally called, died Feb. 18, 1794-5, having accumulated by sagacity in business, an estate of about \$4,000.

He was "townsman" in 1709 and 1713, besides holding from time to time, other public trusts.

Dr. DAVID HARTBORN was the sixth son of Thomas Hartborn of Reading, Mass., where he was born in 1636. He married, in 1680, Rebecca Batcheler, and had seven Jonathan, David, Samuel, and Ebenezer, and daughter Rebecca.

He first located in business in his native town, where he continued till about the year 1700, when he removed to Norwich West Farm.[†] In this new field of labor he was highly esteemed as a physician, and was a leading man both in civil and ecclesiastical affairs. He was also one of the original deacons in the church, and generally held in trust the funds of the society. Dr. Hartborn died Nov. 30, 1738.

Dr. JOSEPH SAMPSON was born in Pomfret, Windham county, Conn., 1696. Returning early to the eastern part of Franklin, he acquired an extensive practice. Upon his tomb stone is stated that he was captain of one of the Norwich foot companies. The fact that he was several times deputed as agent to transact important business with the Legislature, shows that he was held in high estimation. He died March 24, 1742.

One of his descendants is now a member of the United States Senate.

Dr. JOSEPH PERKINS was the eldest son of Deacon Joseph Perkins, who married Martha Morgan in 1709. His lineage runs back to the first settler of the name who came to America in the ship *Lyon* of Bristol, in company with Roger Williams, in 1631.

Dr. Perkins was born in 1704, and graduated at Yale College when twenty-three years old. Having enjoyed the best medical instruction obtainable, he opened an office in the present Lisbon. Possessed of brilliant talents, ardent in the pursuit of knowledge, and venturesome in experiment, he became distinguished as a daring surgeon. Most of the capital operations of the circumjacent country were performed by his hand.

Attempting on one occasion a hazardous operation, the patient,

[†] The present town of Franklin was formerly known as *Norwich West Farm*.

a slave, died under the knife. Chagrined at the loss, the master charged the surgeon with having sent his victim prematurely to the Devil. "It is fortunate," said Perkins, "that the only loss falls upon the owner, as the slave could not possibly suffer from an exchange of masters."

Dr. Perkins was also a man of piety, patriotism, and benevolence. He filled the office of deacon from 1736, till his death July 2, 1794.

A brief notice of the members of his family may not be uninteresting. He married, July, 1736, Mary second daughter of Dr. Caleb Bushnell, already noticed. His eldest son, Dr. Joseph, born in 1738, became an eminent physician in his native town; was the father of Dr. Joseph Perkins, late of Norwich and Dr. Elijah Perkins of Philadelphia who died in 1806, and the grandfather of the present Dr. N. S. Perkins, of New London.

The fourth child, Dr. Elisha Perkins of Plainfield, acquired a world wide notoriety as inventor of the "medical tractors" from the use of which many supposed cures were reported in Europe, as well as in America.

The seventh and youngest, Dr. Caleb Perkins, practiced in West Hartford. He married a sister of the author of *McFingal*.

Thus much for the earliest list of doctors.

Dr. THEOPHILUS ROGERS was born at Lynn, Mass., Oct. 4, 1839, the sixth in descent from John Rogers, the proto-martyr who was burned at Smithfield, Feb. 4, 1555. Dr. Rogers studied his profession and practiced for a while in Boston. Afterward, removing to Norwich West Farms, he entered upon a wide sphere of usefulness. Dr. Theophilus Rogers died at Norwich, Sept. 29, 1763.[†]

Dr. EZRA ROGERS, eldest son of the above, was born at Norwich, Oct. 2, 1724. Talented and amiable, he entered upon his profes-

[†] Dr. Theophilus Rogers was the second son of Captain Ezekiel Rogers, an instructor of youth, and the widow Louis (Twey) Eligh, of Lynn, grandson of Ezekiel Rogers and Margaret Hubbard of Lynn, and great grandson of the Rev. Nathaniel Rogers and Margaret Crane of Hingham parish, in Suffolk, England. The latter, came to America in 1636, settling in Ipswich, Mass.

Dr. Theophilus, married Oct. 29, 1759, Elizabeth, second daughter of William Hyde and Anne Bushnell, of Norwich, who was the third son of Samuel Hyde and Jane Lee, and grandson of William Hyde the emigrant ancestor of that family.

sional career with bright prospects. But the hopes of many friends were doomed to disappointment, for in the flower of youth he died Nov. 11, 1745.

Dr. THEOPHILUS ROGERS, Jr., younger brother of the above, having studied with his father, located in business at Bear Hill. The labors of an extensive practice he performed according to the usual custom, on horse-back. In the Revolution, Dr. Rogers was a staunch whig, a member of the committee of safety, and very active in the cause of liberty.

He married March 25th, 1754, Penelope Jarvis, of Roxbury, Mass., and had one son and three daughters. He died of Consumption, Sept. 29, 1801, aged 70. He was noted for rigid adherence to etiquette and nicety in matters of dress and appearance. Habitual courtesy, graceful manners, and skill in the winsome play of conversation, threw a charm around his presence which was felt alike by young and old. The name, and family, have been distinguished in both the medical and clerical professions, on each side of the Atlantic.

Dr. ELMER MARVIN was born in Lyme, about the year 1753, graduated at Yale College in 1773, and afterwards studied medicine with Dr. Theophilus Rogers, 2d, whose daughter he married. Entering the American army during the Revolutionary war as a Lieutenant, he soon won a high character for bravery, activity and efficiency. With others, he suffered at Valley Forge on "the dreadful winter." Leaving the army before the close of the war to resume the practice of medicine, he located at the "Landing." Fond of military affairs he was subsequently prominent in organizing the militia, and became Brigadier-General. As his fine talents were supported by an attractive countenance and genial social qualities, he was a general favorite, being much honored, both in and out of his profession.

When the Yellow fever broke out in New York, in 1796, he determined to visit the city in order to study the disease and qualify himself for its successful treatment. On returning home, he fell the first victim to that pestilence, a voluntary sacrifice offered up on the altar of humanity. Like many noble brethren in a calling around which dangers thicken frightfully when "pestilence walketh in darkness, and destruction waiteth at noonday," he offered his own life in the devoted endeavor to ward off the blow of the destroyer from

others. His death sent a pang through the community, falling crushingly upon an amiable wife, and six young children.

"What a noble lot's do it."

Dr. CANNINGTON HENNINGTON, a resident of that part of Norwich now called Bourah, was the eldest son of Christopher, of West Farms, and grandson of Christopher, the first male child born in Norwich. Dr. H., appears to have been the sole physician of New Concord during its early history. He also held the office of deacon and clerk in the church; died in 1800.

He married, Sept. 29, 1748, Sarah Bingham, and had six children of whom the youngest, Christopher, became a physician.

Dr. BENJAMIN WHEAT was a son of Dr. Samuel Wheat, of Cambridge, Mass., where he was born, about 1709. Having studied the usual preliminary branches under the tuition of his father, he removed to Norwich at the early age of twenty-one. He resided where Thomas Billings, Esq., now lives, in the valley, just south of Bean Hill. For nearly thirty years he continued in active practice, meanwhile instructing students in the principles of the healing art. At the death of his father, Dr. Samuel, in 1758, the son inherited his valuable library, several volumes of which, containing the autograph of the ancient owner, written in bold and smooth hand, are now in the writer's possession.

Dr. JOHN BARKER, whose residence was located in the eastern part of Franklin, was the eldest son of John and Hannah (Brewster) Barker, and was born in Lebanon, Conn., in 1723. The ordinary school advantages of that day he carefully improved. As a medical student in the office of Dr. Joseph Perkins, his close application, keen insight into the mysteries of disease, and particularly his quick and accurate interpretation of equivocal symptoms, gave certain promise of future success. Commencing business in 1750, he labored in the same field for more than forty years, till stricken down by death. As a physician, Dr. Barker enjoyed an enviable popularity, both with the public and the profession. He was extensively employed

† Dr. Samuel Wheat was son of Samuel, born at Concord, Oct. 23, 1641. The first Samuel, was son of Moses and Thimothine Wheat, who came from England in the ship Elizabeth, in 1632, the second year after the settlement of Concord.

in consultation throughout eastern Connecticut, and great deference was yielded to his opinions.

He was one of the original memorialists who petitioned the Legislature for a medical society. Not discouraged by the failure of that attempt, he and his associates persevered till ten or twelve years later their efforts resulted in the organization of a voluntary association, with Dr. Barker for its first President. To this position he was annually re-elected so long as he lived.

Many anecdotes of Dr. Barker are still preserved. For these, we have no room. But even without collateral evidence, these would show that he was a man of sparkling wit, quick perceptions, sound common sense, and not least, a generous heart. It was to these strong and noble traits of character that he owed his success, for he was not graced with elegance of person or polish of manners, nor did his pointed repartees derive their force from any fastidious selection of words. His careless and slovenly habits, led a contemporary to remark,

"Barker, a diamond was, both coarse and rough,
But yet a diamond was, of sterling worth."

He died June 13, 1791, of cholera-morbus. On the 19th, of Sept. following, Dr. Philemon Tracy, by appointment delivered a eulogy on his life and character, before the New London Co. Medical Society.

Dr. ELIAS TRACY,† son of captain Joseph Tracy, was born at West Farms in 1712, and graduated at Yale college in 1738. It was the wish of friends that he should enter the Ministry, but having a greater preference for the profession of Medicine he decided to devote himself to its pursuit, and accordingly commenced studying under the direction of Dr. Theophilus Rogers, Sr. He possessed thorough classical scholarship and was well versed in medical literature.

In 1773 Dr. Tracy was appointed one of the members of a committee to examine all candidates applying for situations in the Army, either as surgeons or assistant surgeons.

By his unceasing advocacy of inoculation for small-pox, he encountered a storm of prejudice and persecution. By two grand juries

† Elias Tracy, by first marriage with Lucy Huntington, had a daughter Lucy, who became the wife of Dr. Philip Turner.

By second marriage with Elizabeth Dorr, of Lyme, he had a son Philemon.

of the county, he was presented "for communicating the small-pox by inoculation to Elijah Lathrop and Benjamin Ward, both of Norwich aforesaid, and sundry other persons against the peace, and contrary to the laws of this State." Pleading guilty to the charge, he was held in a recognizance of sixty pounds, to appear and answer before the county court. He was fortunate, however, in living to see his own views very generally adopted by the community.

Dr. Tracy was author of the inscription in memory of Samuel Uncas, that brought to light the obscure Indian word "Wasnagan," which has since acquired great local popularity.†

After an active life of forty years, he died in 1783, widely beloved and lamented.

Dr. PHILEMON TRACY, son of the preceding, was born May 30, 1757. Having enjoyed the professional teachings of his father and Dr. Philip Turner, he practiced medicine in his native town for more than fifty-five years. His forte lay in the patient and thorough investigation of chronic diseases, especially those which, from their complications, demanded deep research and accurate discrimination.

Humble as a counselor, and faithful as a physician, his services were extensively sought, both at home and abroad.

The following "recollections" are from the pen of one of our most gifted authoresses ‡—"As a man, greatly distinguished in his profession, grave in manner, courteous in speech, held as an oracle in counsel, studying the cases of his patients with a profound attention that won their confidence, as his sympathy did their grateful regard. His habit was minutely to investigate every symptom before prescribing, to require strict obedience to his prescriptions, to regulate diet and regimen, and to give as little medicine as possible. I well remember his dignified deportment, his originality in conver-

† The epitaph is as follows:—

"For beauty, wit, for sterling sense,
For temper mild, for eloquence,
For courage bold, for things unnumbered,
He was the glory of Molegan—
Whose death has caused great lamentation
Both in ye English and ye Indian nation."

‡ Mrs. Sigourney.

sation, and that in early childhood I thought him a tatalary being, and that he had power to heal all diseases."

We cannot forbear to add that we remember with gratitude, in our early professional intercourse with Dr. Tracy, his courtesy, his many acts of kindness and words of encouragement.

Passing to the "Army Surgeons" we are compelled to confine our remarks to the briefest limits. The first on the list is

Dr. RICHARD TOWN. He was a student of Dr. Benjamin Wheat, and afterwards served as surgeon's mate in the corps attached to the forces under Gen. Wolcott in the Louisbourg expedition. Dr. Norman Morrison of Hartford, was the surgeon of the regiment. This was in the year 1745. Though this military enterprise was successful, Dr. Town never returned, but died at Louisbourg.

Dr. JONATHAN MARSH, a native of Wethersfield, but resident of Norwich, was appointed surgeon to the force sent against Crown Point, in August 1755. The following year he also accompanied a second expedition against the same place in the same capacity.

Dr. Marsh was chiefly distinguished for success in bone setting. His death, in 1786 was caused by disease consequent upon the absorption of virus in treating a wound accidentally inflicted in Hartford at a celebration of the repeal of the Stamp Act.

Dr. JONATHAN MARSH, JR., eldest son of the above, was twelve years old when his father died. But under the tuition of his mother who claimed skill in the art of bone setting, he became famous in that special department. His death, April 18, 1792, was esteemed a public calamity.

Dr. ELISHA LORD, son of Cyprian† and Elizabeth (Barkes) Lord, was born Aug. 16, 1728. He located first at Farmington, but subsequently returned to Norwich. After accompanying the troops sent against Crown Point, he was appointed, May, 1758, surgeon to the first regiment. In this capacity, and as director of hospital stores, he served till Dec. 22, 1760. He died at the age of forty-two.

Dr. PHILIP TURNER, son of captain Philip and Ann (Adgate) Turner, was born Feb. 25, 1729-40. Having enjoyed the excellent

† Cyprian, was a son of Benjamin and Elizabeth Lord, and was born at Saybrook, March, 1702.

instructions of Dr. Elisha Tracy, he received, in March, 1760, the appointment of assistant surgeon to a Provincial regiment stationed at Ticonderoga, under the command of General Amherst. The exterior advantages of fine person and graceful address were passports to the society of those whose friendship, in a professional point of view, was likely to prove most profitable. His intimacy with the English surgeons afforded opportunities for improvement rarely enjoyed by men from the colonies. For at that period when existing medical literature was for the most part locked up in the Latin tongue, the principal resources of the young and inexperienced practitioner were the precepts he had treasured up from the oral teachings of his instructor. The European surgeons were as a class, too pretensions and exclusive to think of imparting information to their backwoods cousins. But Dr. Turner was treated by them with marked courtesy and thus enjoying ample facilities for learning the most approved methods of operation and treatment.

Having continued with the army till the Peace of 1763, he then returned to Norwich, where he practiced the art of surgery with distinguished success. Upon the commencement of hostilities with England he accompanied the Connecticut troops on their first campaign before Boston. He was also with the army at New York in 1776. The disastrous battles of Long Island and White Plains brought into requisition all the resources of his ingenuity and professional skill.

In 1777, Dr. Turner was appointed surgeon-general of the eastern department of the army, which position he ably filled till near the close of the war. He then returned to his former field of private labor, where he stood unrivaled as an operator.

About the year 1800, he removed to the city of New York. Shortly after, he was appointed surgeon to the staff in the United States service, and stationed at York Island. This post he held till his death in 1815. He was interred with military honors.

Dr. Turner possessed in an eminent degree, the essential qualifications of a surgeon; accurate judgment, unflinching resolution, and steady nerve.

The late Dr. Shippen of Philadelphia, remarked that he had never, either in Europe or America, seen an operator who excelled him.

During the period of his civil practice, many students sought his instructions. The recommendation of the teacher was esteemed by his pupils a sufficient guaranty of success.

He married early in life, the eldest daughter of his medical instructor, and had two sons. The eldest,

Dr. JONAS TURNER, born in 1764, seemed to inherit the strong qualities of his father's mind, and to surpass him in acuteness of perception and shrewdness of discernment. Familiarity, from early boyhood, with the duties and practical details of medical life, gave direction to his tastes, and was insensibly fitting him to adorn his future calling. It was his peculiarly happy lot to have no enemies, and a large circle of devoted personal friends. This was owing to genuine benevolence of soul, manifesting itself in all the relations of life. Not to mention the heart ever willing forth sympathy for the suffering, the tongue that spoke no words to the sick but words of consolation, or cheer, the generous bearing of Dr. Turner toward medical brethren, his freedom from professional jealousy, and his exertions to promote their welfare, indicated the true nobility of the man. He died in 1847.

We append a list of those who began practice before the present century. We aim to condense as much as possible. A majority of them were members of the Connecticut Medical Society :

Dr. ORADIAN KINGSBURY.....	1735-1776
" NATHANIEL HYDE.....	1746-1832
" ELIJAH HASTINGS.....	1754-1839

Were born in West Farms, (Franklin) studied with Dr. Barker, and practiced in their native town.

Dr. BENJAMIN ELLIS, son of Rev. John Ellis, born at West Farms, 1762, *pupil* of Dr. Joshua Downer of Preston; field of practice, Franklin; died in 1846.

Dr. JONAS SEOR was born in Gorton, studied with Dr. Elisha Tracy, and settled in Bethel. He possessed great professional merit, taught many students, and died at an advanced age.

Dr. LEWIS MANNING was born in Windham, Conn., 1748, studied with Dr. Cheney, and settled in Lisbon, where he died, in 1812.

Dr. JEREMIAH BRYNMAN was born at Lisbon, 1753, studied with

Dr. Joseph Perkins, Sen., and for a time practiced in his native town. Late in life he removed to Ohio, where he died, in 1840.

Dr. LEMUEL BOSWELL, a cotemporary of Dr. Marvis, possessed an extensive practice at the Landing.

Dr. BENJAMIN MOORE, who died at Danvers about 1790, for a time practiced in the city of Norwich.

The following were natives of Norwich, but engaged in practice elsewhere:

Dr. WILLIAM WHITING, son of Colonel William Whiting, was born in Bozrah, 1730. Having studied with Dr. John Bulkley, of Colchester, he was appointed in May, 1758, assistant surgeon of the second regiment of Connecticut forces. After the close of the French war he settled at Hartford, but subsequently removed to Great Barrington, Mass., where he became distinguished as a patriot and civilian.[†]

Dr. PHINEAS HYDE, son of Phineas Hyde, and maternal grandson of Dr. Theophilus Rogers, Sen., was born at West Farms, 1749. He practiced successively at Pequotnick and Mystic. During the Revolution he was a surgeon in the United States service, both in the army and navy. He died in 1820.

Dr. LUTHER WATERMAN was born at West Farms, about 1750. He married a daughter of his preceptor, Dr. Baker. He was attached as surgeon to the forces under Colonel Knowlton, during the campaign of 1776. After the war he removed to the West.

Dr. ELISHAZ PERKINS, son of Captain John Perkins, was born at Lisbon, 1753, graduated at Yale college, 1776, studied medicine with Dr. Joseph Perkins, his uncle, married a daughter of Dr. Fish of Canterbury, and settled in Vermont. Toward the close of the century he removed to Marietta, Ohio, where he died in 1836, greatly respected as a physician.

Dr. ABRAHAM PERKINS, younger brother of the preceding, entering the Revolutionary war as a surgeon, was taken prisoner by the British at New York, and having barely crossed the threshold of manhood, fell a martyr to the cause of Liberty.

Dr. JONATHAN KROGH was born in Lisbon, 1758, studied with Dr.

[†] Vide Allen's *Elog. Notices in the American Quarterly Register*, Vol. VII.

Cheney, and in 1777 received an appointment in a regiment under the command of Colonel Darke, of Norwich. He was at Valley Forge during the most disheartening period of the war. Leaving the army in 1780, he subsequently settled at Norwalk, where his useful and eventful life was brought to a close, in 1829. Professor Knight, of Yale college, is his son.

Dr. Asa. HENNINGSON was born in Franklin, 1777. He located at East Hampton, Long Island, was a member of the New York Senate, and from 1833 to '37 represented his district in Congress, besides filling other offices from time to time, and always worthily. He died in 1858.

ARTICLE VIII.

HYPODERMIC MEDICATION.

BY BENJAMIN H. CARLEN, M. D., OF WEST MERRICK.

[Read before the New Haven County Medical Meeting, April 10, 1892.]

As the subject of the Hypodermic treatment of disease has not been presented before this Society, I propose to give the results of my own experience by stating a few cases, hoping it may be not entirely without interest, to at least some few in the Society.

Case 1st. A. F., aged about 50. A man inheriting an iron constitution but which had become shattered by long continued irregularities, and excess in reckless exposure, hard labor, gluttonous eating and intemperate drinking. He had been greatly afflicted for more than six months with severe attacks of Asthma, which were but slightly relieved by medicine. It was not a favorable case for the new treatment, but as it was accompanied with severe pains about the chest and stomach, I determined to give it a trial. In the afternoon of August 20, 1890, I injected a grain of the Acetate of Morphine, dissolved in rain water, under the skin over the stomach. In eight or ten minutes the pains were gone, and he had a more comfortable night than he had had for many weeks previous. Otherwise it had but little influence upon the Asthma and it was not repeated.

Case 2d. G. G., aged 44. A strong healthy Irish farmer. I was called to visit him Nov. 20, 1890. He was then suffering from a severe cold, attended with some fever and a troublesome cough. In the course of four or five days he as far recovered as not to require medical attendance. I was called to him again, Dec. 3d, I found he still had considerable cough and in addition to this, a severe attack of Sciatica. I continued a cough mixture which he had been taking with the addition of Tinct. Acon. and Dover's Powder, with extra Opium. Dec. 5th, no better; gave with the Tinct. Acon. Tinct. Veratrum

vide; seventh day, no improvement, little or no sleep, increased the opium; eighth, no relief or rest from the large doses of opium. Towards evening I injected a grain of the acetate of morphine, under the skin, over the seat of the disease; in ten minutes he was entirely free from pain, and I think he was in fear, though it was so unexpected to him that he was unwilling to admit it. He slept well all night except that he awoke once and took some of his cough medicine. I saw him in the evening of the 9th, and though he remained free from pain, I was fearful he might not rest well. To secure this I injected another grain of morphine, after that he had no return of the pain and was soon well.

Case 3d.—Aged about 30. This was a severe case of acute Rheumatism affecting chiefly the lower limbs; patient had been sick for several days before I saw him on Oct. 23th, 1860, at eight or nine o'clock A. M. His sufferings at this time were very great. He had been taking Dover's Powder, and volatile Linctum had been applied externally. I immediately injected a grain of acetate of morphine under the skin of the limb most painful. In ten minutes he was perfectly easy. Saw him again in the evening; he had been comfortable through the day, but the pain was returning. I repeated the injection upon the other limb with a like favorable result. On the morning of the 26th, the pain returned. I made another injection which also afforded immediate relief, but as I found in this case the pains returning in ten or twelve hours after the injection, I prescribed morphine and quinine by the mouth, together with extract Cannabis Ind. and Tinct. of Acon. He recovered so that I was able to leave him on the 29th, after five days attendance. This patient has since had attacks of Rheumatism but they have been less severe, so that he has gone through them without medical attendance with the use of such remedies as had previously relieved him.

Case 4th, G. S., aged about 30. I was called in haste to see this patient, March 4, 1861. He had taken Strychnine for the purpose of self-destruction. Owing to the small quantity taken, or more probably to the adaptation of the article, the symptoms did not indicate a fatal result, though he was suffering severely from the peculiar effects of the article. In order to quiet the spasms I undertook to give him Morphine by the mouth, but he would not swallow it.

I then injected a grain of the acetate of morphine under the skin of his arm. He was soon relieved, and out the next day.

Case 5th. Mrs. A. N., of Berlin, aged 26. A large, well developed and ordinarily a very healthy woman, was troubled occasionally for some months with pain in the stomach. Her bowels were constive and liver, torpid. I ordered an aloetic laxative, to be continued daily, with a mixture of Sulph. Ether and Tinct. Lavender Comp. to be taken during the paroxysms. This treatment relieved the patient and prevented recurrence of the attacks for several months. On the morning of the 18th, of April, 1861, just at daylight, I was called in haste to visit her. I found she had been suffering extremely all night from an attack of Gastrodynia—was unable to lie down, owing to the pain being much increased by a recumbent posture. For some time previous to my arrival, there had been frequent vomiting, everything taken into the stomach was thrown off. I had attended this lady several times when in labor, but never saw half so much outward manifestation of suffering as at this time. I immediately injected a grain of acetate of morphine under the skin over the stomach, and in five minutes she was free from suffering. Giving directions for the regulation of the stomach and bowels I left her, and as she was four or five miles from me I did not call again though I heard a few days after that she remained well.

About 1 o'clock, in the morning of the 27th, of the same month, I was called to see her again. She had remained well till the evening previous when after great fatigue from over exertion, the Gastrodynia returned with a severity equal to the previous attack. A repetition of the same remedy relieved her as promptly. More thorough attention was now given to the regulation of the stomach and bowels; caution given respecting food and exercise. Since that, she has been free from pain and enjoyed good health.

Case 6th. A. B., aged about 45, mechanic. This was a case of Neuralgia of one leg in which there were many varicose veins. I made use of the injection the 10th, and 17th, of May, 1861. The effect was not so prompt or the relief so great as in the other cases, though the pain was relieved so much that he was able to resume his labor in a few days.

Case 7th. A. M., aged 63, a feeble, broken down man, with organic disease of the heart of several years standing. Had been

troubled for a day or two with vomiting and diarrhea for which various domestic remedies were used by the family, but as he grew worse, I was called to see him on the night of the 10th, of August, or an early hour on the 31st. I prescribed Opium in pills, and an aromatic infusion, with anisoesia, laudanum and brandy. I saw him three times during the day, and was called again in the evening. As the vomiting still continued, though less frequently, I injected him thus half a grain of the morphine—doing this rather to satisfy friends, than in accordance with my own judgment of the necessity of the treatment. The friends had neglected sending in season, but after having called advice were not satisfied with ordinary attendance or measures. The vomiting ceased, but he continued to sulk, and died about daylight the next morning. I was with him at his death and for two or three hours previous; he was comatose but had not the slow respiration and contracted pupil we expect to see from an over dose of morphine. In my opinion, his death was owing to his old chronic difficulties.

The morphine prescribed was certainly not half what I had used in other cases, and the effect of the opium previously taken, showed that he was not particularly sensitive to the influence of anodynes.

Case 8th. N. P. W., aged 50. This was a case of Rheumatism of the bowels. I was called to him the 26th, of January, 1862. I had attended him in June, 1860, and Nov., 1861. He then had Rheumatism of the limbs, with functional disease of the liver. I could not give him any preparation of opium or morphine, or the Ext. Cannabis Ind., sufficient to relieve his pain, without producing unpleasant symptoms. I now made use of injections of acetate of morphine for several evenings in succession; it quieted him, giving him comfortable rest at night without producing any of those unpleasant secondary effects which it invariably did when introduced into the stomach. I found it necessary to increase the dose from one grain, to one and a fourth, or more. After this course, the alkaline treatment with the use of Ext. Cannabis Ind., and Tinct. Actea, completed the cure.

Case 9th. Mrs. E. P., aged 38. A case of sympathetic vomiting near the close of the eighth month of pregnancy. In a former pregnancy, at the commencement of the ninth month, after being some time under Homoeopathic treatment without improvement, she was

very speedily cured by small doses of kreosote, and pills of morphia and calomel, in minute doses. At this time, March 20th, 1861, these remedies failed entirely, so did the acetate of cerium, and pills of morphia, and nitrate of silver. I tried injections of acetate of morphia, commencing with doses of half a grain, gradually increasing to one grain, but without any favorable result. I began to think I should have to resort to premature delivery to save my patient, for the vomiting was very frequent and distressing. The patient was much reduced, but at last the vomiting ceased under the use of calomel in doses of the sixteenth of a grain every hour through the day, and less frequently, in the night. She had a natural and easy delivery on the 22th, of April, and a good getting up.

The above cases are a fair exhibition of my experience in the Hypodermic treatment of disease. I have indeed witnessed no failure or unfavorable effect except in one of the cases mentioned above. I am satisfied that the Hypodermic syringe is a valuable auxiliary in the treatment of disease. Indeed I should be unwilling to practice without it. I carry it with me as regularly as I do my lancet, and use it much more frequently.

If the relief from the use of the injection was no more permanent than when the medicine is taken into the stomach its most speedy effect is often a matter of importance to the patient, and is very gratifying to the physician, especially if he is in haste, or anxious to get rest for himself. But in some of the cases, we see that this administration of morphia was permanent in the relief which it afforded, the disease not returning after its use.

My doses were larger than those generally used, but they seemed none too large for the cases in which they were employed, unless in case 7th. I have generally weighed the doses with care. In case 7th, I weighed out a grain, but used less than half of it. In most of the cases there was some slight waste.

ARTICLE IX.

THE PLASTIC CONSTITUENTS OF THE BLOOD,
THEIR PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS.

BY LEONARD A. SANFORD, M.D., OF NEW HAVEN.

[*Read before the New Haven County Medical Meeting, April 22, 1862.*]

THE Blood has been well called "a mighty river of life." Its constituents are not numerous, and yet from them the animal body in its variety of tissues is built up; likewise they have to do with the processes of nutrition, secretion and excretion, and the functions of every kind which take place within the animal fabric from the beginning of life to its close.

The body is essentially developed from the *Plastic* constituents of the blood, which are *Albumen* and *Fibrin*—two substances whose range of relation is more extended than that of all the others composing the vital fluid. In the present paper we propose to consider briefly these plastic bodies in the more obvious of their relations.

Albumen and Fibrin are protein substances, and are, physically and chemically, almost identical; they exist in healthy blood, the former in the proportion of 80 parts in 1000, the latter in the proportion of 2, in 1000 parts; and their ratios and proportion are similar in all classes of the animal kingdom excepting only the class aves—the blood of birds containing albumen in the quantity of from 50 to 60 parts, and fibrin, about 2 parts in 1000.

Blood derives its albumen from two sources, viz: first, from nitrogenized animal food, which being received into the stomach is converted into albuminose, and passing thence into the Portal vein and liver its transformations are completed—it becomes, chemically, albumen. Second, albumen is furnished to the blood from the lymphatic

system; caused by their exercise, and consequent upon processes of nutrition, the tissues are constantly yielding to the lymphatics, waste material, which, undergoing assimilation in them, becomes lymph; and lymph is a highly albuminous fluid—it contains from 5 to 10 per cent. of albumen.

Fibrin, which closely resembles albumen, is, according to Lehmann, Simon and others, a product of the transformation of this substance; it is organized, or rather animalized albumen. Of its mode of occurrence in the blood we can say little. It is contributed in this fluid, we think, mainly by the lymphatics; the principal argument in support of this opinion is derived from the fact that lymph contains, in 1000 parts, from 20, to 40 parts of fibrin; while in *chyle* (another supposed source) this substance is hardly appreciable to chemical tests. The *liquor sanguinis* in the ways just mentioned, comes to contain $\frac{1}{15}$ of albumen, and $\frac{1}{10}$ of fibrin; these, kept in solution by the salines, constitute the plasma of the blood.

We pass now to notice the relations of the blood plasma to the tissues; these, are two fold. The tissues are built up from the plasma, and they are nourished by it. We make these statements unqualifiedly because, only the plasma, if we except the single instance of the menstrual fluid, is ever found, normally, outside of the blood vessels, and also because the animal tissues are resolvable into fibrin or albumen—for the muscular and fibrous tissues are (chemically) but organized fibrin; the integuments and cartilages are only peculiar expressions of albumen, and even the nervous mass is albumen in union with phosphorylated fat.

How is it, secondly, that the tissues are developed from these plastic elements; very little is known on this subject. The microscope teaches us that animal textures, excepting only some membranes, are cellular, and oology furnishes us with a few facts respecting their cells, as follows:—An ovum contains in its vitellus, a single nucleated cell; after impregnation the cell enlarges, its nucleus sub-

† A modern theory, which is accredited by several distinguished Physiologists, assumes that albumen, on entering the radicles of the Portal vein, is immediately changed, by a catalytic transformation, into albumen and fibrin. That such is the source and manner of origin of the albumen of the blood is not improbable, but to account thus for its fibrin is unsatisfactory, for the lymph supplies it directly in sufficient amount.

divides into granules, which, increasing in size, cause rupture of the cell wall whereby they are discharged into the surrounding albuminous fluid, and the two, the granules and albumen, are in the relation to each other of cytodisks or cell germs, and blastema or formative fluid. Next may be observed forming around each cytodisk, a delicate envelope or cell wall; this, though so thin as to be structureless, is the seat of important changes. The albuminous fluid or Blastema now passes, by endosmosis, through the walls of the new cells; during its passage it is animalized and probably changed into fibrin; now, it is in contact with the cell nucleus. This body, which is doubtless pervaded by a vital influence, changes and is changed by the fibrinous fluid. In the new cells we shall witness a repetition of what was observed in the original cellule—the nucleus of each separates into granules, which, by rupture of the confining membrane, are scattered throughout the nutrient blastema. In the first instance the granules might have been counted, but in the progress of development they have become ‘as the sands upon the sea shore for number.’

Looking again, we discover in the granules a power of affinity, for each selects and unites with the granules which have endowments corresponding with its own. The collections of granules then take to themselves cell walls; now, we have perfect cells possessing various endowments, and they pass through various phases and processes of development till one set has given rise to muscle, another to nerve, another to bone, and so on.

The *Membranes*, or some of them, probably constitute an exception to this form of development; they are elaborated directly from fibrin, the fibrin being coagulated into fibers, and these fibers are so interwoven and blended with each other that a dense homogeneous membranous tissue is formed.

We have thus touched upon the development of the tissues to show how intimate a relation albumen and fibrin sustain to them. For the same purpose, we will glance at the subject of Nutrition.

Physiologists affirm, that “as the blood, in circulating through the capillary vessels comes in contact with the tissues, each, yes every molecule of each, selects from it those elements which are fitted to renew its substance.” This doubtless is true, but the fact should be stated with explanation to prevent the inference that the nutritive materials of the blood are very various and dissimilar; in

reality, albumen and fibrin are the only tissue making substances which that fluid contains. Its corpuscles are not convertible into tissue, indeed they are never found within the tissues unless vessels are ruptured; its fatty and extractive matters cannot be wrought into any texture and much less its salts. We are then, by exclusion, compelled to believe that of all the constituents of the blood, only albumen and fibrin can be assimilated into flesh.† The transformations which must take place in order to this result are accomplished solely by the influence of an endowing force which is inherent and peculiar in every animal structure, and in the processes of nutrition the nature of each is imposed upon the plasma as it is absorbed; it is then, and thereby, metamorphosed into the material and texture of the several tissues. And now, in one word, if the tissues are originally built up from the substances under consideration, we are bound to conclude that they are nourished and preserved by them—for, what elements can renew any tissue but those which formed it!

Next, it will be interesting to notice the relations of the blood plasma to reparatory processes consequent upon inflammation and other injuries. In all such cases, if there has been loss of substance, we shall observe first an afflux of blood to the part, and then an influx of its plasma where the tissue is deficient. The effused plasma is called by Paget and other Pathologists, *Lymph*, *congruallus lymph*. It is so designated because, while passing out of the vessels the albuminoid elements become fibrous and are then in a state to be coagulated or fibrinated into floss. This process of fibrination takes place by cell agency, indeed the new fibres are only cells which are very much elongated, in union with each other by their extremities (see Illustration on page 191). These fibres then unite laterally and diagonally forming an embryo tissue which becomes consolidated and completed by processes which the nuclei of the fiber cells give rise to. The tissue thus produced is variously called *Albura*, *Abr-*

† The above statements may seem too exclusive to those who have been accustomed to regard nutrition as an *Alimentary* question merely. But it should be remembered that it is the blood and not aliments which accomplishes the nutrition of the animal body; and however various and numerous the latter may be in kind—whether tertiary or quaternary, organic or inorganic—they must all be elaborated into the plastic constituents, albumen and fibrin, before they can become nutritive.

cellular or connective tissue, and it is this which is commonly formed, whatever be the tissue upon which the lymph is poured out, whether containing cellular tissue in its natural structure or not. This, therefore, we may regard as the common or general tendency of lymph; but in certain cases its development passes beyond this form or deviates from it in a different direction in adaptation to the special character of the part to be repaired. Thus, for the repair of bone, the lymph may proceed a certain distance towards the development of fibrous tissue as if for a common healing and may then ossify, or not forming fibers at all it may develop into a nearly perfect cartilage and this may ossify. In general, however, the character of the connective tissue which is formed in repair is adapted to that of the parts it unites; thus the bond for the union of a tendon is much tougher than a common scar in the skin, and the scar in the skin is tougher and less pliant than that in mucous membranes.



Lymph cells showing progress of development from Corporcles to Fibro-cells—magnified 800 diameters.

Connective or fibrous tissue then is the medium which is con-

† Copied from Paget's *Eng. Pathol.*, Aug. vol., p. 172, with slight modification to accord with the writer's observation with the Microscope.

merely formed for the repair of structure. In the exceptional cases repair takes place by the yarrowolition process. The best illustration of this which occurs to us at present is furnished by the healing of an abscess after inflammation has subsided. Looking into an abscess at this time, the observer will notice that cells upon cells of a round or oval form, nucleated and filled with granules, are heaped together in a layer of from half a line to two lines in thickness, without apparent order and connected by very little intermediate substance. Singly, they are colorless, but in clusters, ruddy, even independent of the blood vessels. In granulations which are making healthy progress, one can conveniently trace the cells in various stages of development according to the position they occupy. The deeper seated are always most advanced and often are so much elongated as to be nearly filamentous, while the superficial are still in a rudimentary state, and if near the edges of the granulating surface are acquiring the characteristics of epithelial cells. A true cellular tissue is thus formed in the cavity which inflammation had caused, and it progresses in its development till the new tissue becomes more or less identical with that which it replaces.

In the ways which have now been described does reparation take place in the case where there has been removal of tissue by inflammation or other injury. It is obvious that the materials of repair are albumen and fibrin.

It remains for us to glance at, and we cannot do more, *the relations of the blood plasma to states of disease and to pathological formations.* The constituents of the plasma, albumen and fibrin, are contained in the blood, normally, as has been stated, in the proportion of 80, of the former, and 3, of the latter, in 1000 parts. In most instances of disease, according to Andral and Gavarret, they exist in the blood either in greater or less proportion than this, but no particular increase or deficiency is characteristic of any disease. In fever generally, and in inflammations invariably, both are in excess, the excess sometimes being as great as 100 pr. ct. In fevers of a purely adynamic type, in dyspepsia, and in most if not all diseases attended with defective nutrition and wasting, there is a deficiency of both. Whether these changes in the amount of albumen and fibrin in the blood are the cause, or consequence of disease, cannot be answered positively. But we believe that disease holds both re-

lations to these constituents. We think there is evidence that they cause it furnished by Bright's disease of the kidney. A plasma abnormally rich in albumen is associated with this disease, and doubtless it is this which gives rise to the intercurrent inflammations of the serous and fibrous membranes which are so apt to follow this kidney affection. Also we think that an excess of this element in the blood is proximately the cause of the disease itself; we believe it because it exists before any local manifestations of the affection are apparent. Again, in nearly all dynamic fevers, and in some adynamia, we frequently have intercurrent inflammations; preceding these, and we will say causing them, is a redundancy of albumen in the circulating fluid. We are forced to believe that an excess of this element is the *causa sine qua non* of such inflammations because the plasma of the blood is always the food of inflammation—it is so it, what fuel is to fire.

We are unable to show so conclusively that disease begets a superabundance of the constituents of plasma; all we can say on this point is, that in many of the diseases in which they are excessive, the nutritive function, in consequence of the disease, does not go on 'pari passu' with that of absorption by the lymphatics; the latter is the most energetic, consequently the blood comes to contain an excess of albumen and fibrin.

It would be easy to show that a deficiency of the plastic elements is in some cases the cause, and in others the consequence of disease. Obviously, in the first instance, the body not being adequately nourished, necessarily becomes subject to it; and in the second, in which disease causes the deficiency, it does so by interfering either with the blood making function, or absorption by the lymphatics, or both.

Passing from this consideration of the general relation of albumen and fibrin to disease, we will, in conclusion, notice them in their occurrence as exudations in inflammatory and other pathological states. Nothing is more common, as a result of inflammation, than an effusion of the blood plasma—it is one of nature's methods of relieving the congested vessels. This effusion alike takes place on the surface and in the substance of tissues. In the former case, and especially in the so-called diptheritic inflammations, it usually exudes rapidly and in considerable quantity, but when occurring in the puer-

chyma of organs it comes from the blood, results quite slowly. The lymph thus deposited is disposed of in various ways. If it is thin and limpid, the absorbents may take it up again. If it is not re-absorbed and is exposed to the air, as when on mucous membranes it usually degenerates into pus; in this instance the fibrinous elements become converted into the corpuscular, and these can only form purulent matter. On a serous surface, if the lymph is of good quality and inflammation is not excessive, it may develop into a sort of mongrel tissue which is called *false membrane*. But when the exudation is in the parenchyma of an organ it neither undergoes organization nor is, ordinarily, resolved into pus; it remains essentially in the state it was deposited, blocks up the organ and arrests its function. In proof of this, we have only to observe the textural changes which take place in Bright's disease of the kidney, or in the waxy degeneration of the liver, or in cirrhosis, or in that obstruction of the mammary glands called *tuberc mastarctica*. Let us note the results of the lymphatic or albuminous deposit in Bright's kidney. Soon after the disease commences, the capillaries of the cortical portion of the kidney are seen to be congested; then, minute particles of albumen, which are apparently coagulated, begin to be observable in the cortical layer; they gradually become more abundant till in the course of a few weeks, or months, the secreting portion of the organ is filled with them; to the touch, the cortical surface feels granular or nodulated and of diminished consistence. If the patient lives to this time, which he seldom does, inflammation, either acute or chronic supervenes, and speedily destroys life. This form of albuminous exudation is not as rare, we think, as medical men are inclined to believe: certainly it takes place sometimes in diseases of the liver and lymphatic glands, and there is reason to believe that it may and does occur, in greater or less degree, in all the visceral organs as a result of chronic congestion.

From what has now been stated it appears that an excess of albumen in the blood must be removed either by consumption through inflammation, by excretion as in some fevers, or, by exudation; and in the case of exudation, it is disposed of in the various ways we have just described.

One form of albuminous deposit, an exudation, remains to be mentioned.

Lymph is sometimes exuded from the blood vessels under circumstances which compel its development into tumors, or constituents of tumors. The exudation in these cases is due, generally, to a morbid state of the parts at, or adjacent to, the place of exudation. The plasma which is effused, first becomes cellular, then fibrillates, and ultimately develops into *Deco-cellular tissue*: a tumor may be altogether, or only partially, thus constituted; in the latter case the fibres form the basis structure of the tumor—they are its skeleton. Fibrous tissue then, developed from albuminous material, exists in greater or less abundance in all tumors—in all that are benign, and in all that are of questionable character, from *Keloid* down to *Cancer*.

ARTICLE X.

THE SYMPATHETIC NERVE.

BY S. GREGORY HALL, M. D., OF VERMONT.

[*Read before the Tolland County Meeting, April 17, 1862.*]

THE first question which seemed to have entered the minds of the older writers upon the Sympathetic nerve was, what is its origin? And it appears by their writings, that to settle this question satisfactorily, was a matter of great importance. Hence they examined its connections minutely, bringing to the investigation all the light and knowledge they possessed of the nervous system in its distribution and functions. But notwithstanding the carefulness of their researches, the solution of the question still remained in the deepest obscurity. Therefore, as is always the case when truth cannot be arrived at, they adopted fanciful and extravagant notions. Some supposed that a few delicate filaments found concealed in the carotid canal, upon and in conjunction with the cerebral nerves, were the origin of the Sympathetic. Anatomists had deduced the Sympathetic from the sixth cerebral pair only before the time of Meckel, who traced out the Vidian nerve and disclosed a branch passing deeply in the carotid canal. Since then it has been described as having a double origin or two roots, viz, from the fifth and sixth cerebral nerves; and until within a recent period this description has been held by the schools as the correct one: This however instead of being its origin is now known as only a mode in which branches proceeding from the uppermost cervical ganglia ascend towards the head. Such are a few of the many opinions entertained by the early writers upon the origin of the Sympathetic nerve. It has been reserved for a later day to disclose the erroneous conclusions at which they arrived, and also their error in investigating so closely and bestowing so much time and thought upon a subject of so little practical importance; a useful lesson certainly for

those who theorize too much and spend time in searching out proof to substantiate dogmas rather than in seeking after truths of practical value.

The views which are at present held in regard to the anatomical relations of the Sympathetic nerve are the following: It consists of a series of ganglia which are situated on either side of the vertebral column; they communicate with all the other nerves of the body and distribute branches to all the viscera and internal organs. The communication of the Sympathetic with the other nerves takes place immediately at their exit from the cranium and vertebral columns. There are however a few exceptions, thus with the fourth and sixth cranial it unites in the cavernous sinus, and with the olfactory, optic and auditory, the union is at their ultimate expansions. The distributing branches accompany the arteries supplying the different organs, bearing several such communications called plexuses, which take the name of the artery they are associated with—hence the hepatic, cardiac and splenic plexuses. They partially supply all the internal organs of the head, neck and trunk, and some of them exclusively. For this reason the Sympathetic is considered a nerve of organic life and is sometimes called *tripudianschic*. It has also received the name of *ganglionic nerve*, and for two reasons, first, from the fact of its being formed of a number of minute ganglia, and second, from the continual disposition it evinces in its distribution to form by communications small knots or ganglia. These ganglia are distributed as follows, viz: There are five in the head,—the ganglion of Biles, also known as the ciliary or lenticular; the sphenopalatine or Meckel's; the oculo or Arnold's, and the ethmoidal. There are three in the neck, called superior, middle and inferior; and twelve in the dorsal; four in the lumbar, and four or five in the sacral region. Each ganglion is now considered as a distinct center, giving off branches in four different directions, viz: superior or ascending, to communicate with the ganglion above; inferior or descending, to communicate with the ganglion below; external, to communicate with a spinal nerve, and internal, to communicate with the sympathetic filament of the opposite side and to be distributed to the viscera. Of the cranial ganglia the latter writers seem to have had no correct, and many of them, not any knowledge at all. In fact it is not until within a recent period comparatively, that all of them

have been discovered; the otic or Arnold's is, I think, the latest, that having been discovered in 1828. The ganglion of Ribes, the first of those in the head, is situated upon the anterior communicating artery. Its formation is the union of the Sympathetic filaments accompanying the ramifications of the two anterior cerebral arteries; these filaments are derived from the cerebral plexuses of each side, and it is by means of them that this ganglion is brought into connection with the carotid plexus and also with other Sympathetic ganglia. This ganglion though small, is one of interest as being the highest point of union between the Sympathetic chains of opposite sides of the body. The second or ciliary, is small, quadrangular and flattened, it is situated within the orbit between the optic nerve and the external rectus muscle and is enveloped in adipose tissue. The third, or sphenopalatine or Meckel's ganglion is the largest of the cranial ganglia, it however varies much in its size; it is situated in the sphenomaxillary fossa. The fourth, which is the otic or Arnold's is small, oval and flattened, and is situated immediately before the foramen ovale against the inferior maxillary nerve; internally it rests against the cartilage of the eustachian tube and tensor palati muscle; posteriorly it is in contact with the arachnoid mater. The fifth and last of the cranial ganglia, the submaxillary, is small and sometimes triangular in form; it lies upon the gland from which it takes its name, in close relation with the gustatory nerve and near the posterior border of the mylo-hyoid muscle.

We next come to the carotid plexus, a brief examination of which is here demanded. This plexus is formed by the ascending branch of the superior cervical ganglion which enters the carotid canal in company with the internal carotid artery and divides into two branches which form with each other and with filaments derived from the petrosal branch of the vagus, loops of communication around the artery. The continuation of this plexus onwards with the artery by the side of the *sella turcica* is called the cavernous plexus. The carotid plexus forms the center of communication between the cranial ganglia. It also communicates with most of the cranial nerves and distributes filaments which accompany the branches of the internal carotid in all their ramifications. Besides the communication which this plexus has with the oculo-ganglion it has com-

communication with the third nerve in the cavernous sinus, and also with the fourth in the formation of the roots of the trochlear; with the Cerebellar ganglion; with the ophthalmic division of the fifth in the cavernous sinus by means of the ciliary ganglion; and with the superior maxillary through the sphenopalatine ganglion. To the sixth nerve it sends two branches directly which unite with it as it crosses the cavernous sinus; through the medium of the petrosal branch of the Vidian, it communicates with the facial and auditory nerves; and by means of two filaments to the tympanic nerve, with the glossopharyngeal.

The Cervical ganglia next demand our attention, concerning which a few words only need be said. They are three in number—superior, middle and inferior. The superior is *long, fusiform, of considerable thickness, smooth and of grayish color*, it extends from within an inch of the carotid foramen in the petrous portion of the temporal bone to opposite the lower border of the third cervical vertebra. The middle is *small, and sometimes wanting*; it is situated opposite the fifth cervical vertebra and rests upon the inferior thyroid artery. The inferior cervical ganglion is of much greater size than the preceding and is always present; it is *ovular in form* and is situated upon the base of the transverse process of the seventh cervical vertebra immediately behind the vertebral artery; hence its title in the designation *vertebral ganglion*.

The next in order are the Thoracic ganglia, which are twelve in number on each side; they are *flattened and triangular in form* and exhibit the peculiar gray color and pearl lustre which is characteristic of all the Sympathetic ganglia; they are situated on the heads of the ribs and are covered by the pleura costalis; the first two and the last, are commonly the largest. Formed from them is the semilunar ganglion or solar plexus, from which we have derived the phrenic, gastric, hepatic, splenic, superior renal, renal and superior and inferior mesenteric plexuses.

The Lumbar ganglia are four in number on each side—in color and shape they are similar to the thoracic; their position is upon the anterior part of the bodies of the lumbar vertebrae. An important plexus, the hypogastric, is formed partially from these ganglia.

The last, are the Sacral ganglia of which there are four or five on each side; their situation is upon the sacrum near the anterior sacral

formers; in size they are smaller than the latter, but resemble them in form and mode of connection. Such are the anatomical relations of this collection of scattered but mutually connected ganglia and nerves called the Sympathetic.

To a correct understanding, however, of the physiology of this portion of the nervous system a different arrangement is preferable—a division into three groups, viz; first, those more detached ganglia and nerves which are contiguous to the viscera; they seem indeed to be the chief centers of the system; they form the cardiac, solar and hypogastric plexuses. The second, includes that double chain of ganglia united by cords which lie in front of the vertebral column; these communicate with the plexuses of the first group, and also with the spinal nerves. By some, in this division are placed the three cranial ganglia of which previous mention has been made, which is probably correct. The third group comprises the ganglia on the posterior roots of the spinal nerves, and also includes the Cælian ganglion of the fifth pair and the ganglia which are upon the postganglionic and glossopharyngeal nerves.

A few words respecting the composition of the trunks of the Sympathetic nerve are here proper as introductory to a notice of their distribution. They are made up of two different orders of fibers, one having their central terminus in the reticular matter of the sympathetic ganglia themselves, the other derived from the cerebro-spinal system; the former are of the gelatinous kind, they are most abundant in the visceral system but may be traced through the spinal nerves to the ganglia on their posterior roots where the fibers intermingle. The latter are bipolar, being derived from cords of communication which originate in the medulla spinalis and pass through the postvertebral ganglia into the sympathetic without apparent change; they are commonly termed roots but are really bands, commissural, bringing the two systems into communication. Hence it is plain that the cerebro-spinal and sympathetic systems interpenetrate one another, each having its own series of ganglionic centers and trunks connected with them, but each system transmitting its fibers into the trunks of the other so as to be peripherally distributed with their ramifications.

Only a brief statement of the distribution of the principal trunks and branches of the Sympathetic system can here be given.

Those of the cardiac ganglion or plexus proceed chiefly to the heart and large blood vessels; from them, after being reinforced by branches from other subdivisions they continue on and form almost numberless minute ganglia along the ramifications of the vascular system throughout the whole body, clasping the vessels as the tendril of the vine clasps whatever it reaches. Those of the solar plexus supply in part the muscular walls of the alimentary canal from the stomach to the end of the colon, and in part the main branches of the aorta; those following the vessels they pass to the liver, spleen, pancreas and kidneys, also to the testes in the male, and to the ovaries in the female. Those of the hypogastric, are transmitted to the muscular walls of the pelvic viscera, and to the blood vessels.

The branches of the ganglia of the trunk of the prevertebral contribute most in the formation of the above plexuses. The exceptions to this, are those furnishing largely the carotid artery, forming a plexus around it; also branches intercalating with those of the pneumogastric to form the pharyngeal, laryngeal and pulmonary plexuses. Of the cranial ganglia, the ophthalmic distributes branches to the iris, through which it contracts, also to the vascular apparatus of the eye ball and ciliary processes. The otic, communicates with the inferior maxillary and glosso-pharyngeal, nerves, but distributes most of its branches to the tensor tympani and circumflex palati muscles, operating through them upon the sense of hearing in the same way that the ophthalmic does on vision. The sphenopalatine communicates with the fifth and facial and ministers to the sense of smell and taste, being distributed to the mucous membrane of the nasal cavity and palate. The submaxillary is chiefly connected with the fifth pair, and most of its branches are transmitted to the gland of the same name. The fibers arising from the ganglia on the posterior roots of the spinal nerves accompany the latter to some extent in their distribution; others enter the cord, passing upon its blood vessels.

It now remains, the description of the anatomical relations and the distribution of the principal trunks and branches of the Sympathetic nerve having been given, to speak of its functions.

And under this head we might adduce many of the theories propounded by the older writers which are most amusing and interesting but as we think highly erroneous, and show by contrast their

errors; but time will not permit, and besides, it is perhaps not the part of wisdom to criticize too severely the ancient authors, for if the progress of discovery in the science of Medicine should be as great during the next two centuries as it has been in the last two, theories which we now hold to be as true as the existence of truth itself will be regarded by those who shall follow us in the same manner that we regard the dogmas of the ancients! I will only cite one or two of these early theories. Willis says, "this nerve is the medium of communication between the connections of the brain and the affections of the præcordia, and also between the actions and suffering passions of nearly all the parts of the body of the involuntary class. The nodes the ganglia possess are similar to those on the trunk of a shrubby tree which serve as a diversiculum to the spirits." Lanciscus compared the ganglia with the heart, and described them as little nervous hearts intended to assist in the movement of the nervous fluid.

From the anatomical relations of the sympathetic nerve we see that a large portion of muscular apparatus ministering directly to organic life—that of the alimentary canal, glands, ducts, &c., and also the blood vessels—receives no other supply; therefore whatever motor influence these parts may receive through mental states or indirect excitation, must be in virtue of this system of nerves. It is a remarkable fact however, that those organs which are most freely supplied with nerves from the cerebro-spinal system, most clearly exhibit the influence of the Sympathetic both in their responsiveness to emotional states and in their sympathy with other organs when their functions are disturbed. This is often seen in the functional derangements of the heart, stomach, and especially of those of the various secreting glands; hence it is that the influence of mental emotion upon the functions of secretion may be exerted through the nerves of the cerebro-spinal system as well as through the Sympathetic. The ability of parts supplied solely by this system to transmit sensory impressions to the brain, must be in virtue of the connections of the Sympathetic with the cerebro-spinal nerves. These parts however, do not ordinarily transmit impressions to the encephalon, but in certain morbid states their sensibility is acutely manifested and impressions are made and felt remotely from the suffering organ. By the elaborate researches of Prof. Valentin, Dr.

John Reid, Dr. Waller and others, it has been clearly proved that contractions of the various muscular parts supplied by the three great visceral plexuses may be produced by irritating either the post-vertebral ganglia or the cords which connect them with the spinal nerves; from their investigations then, we infer that the fibers which enter a sympathetic nerve from any part of the cerebro-spinal axis are unaffected by contact with its filaments and so they will excite the organ to which they are distributed as effectually when irritated where they originate, as along the course of the Sympathetic trunk through which they pass.

The question now arises how can the muscular apparatus of organic life be acted upon by states of mind? This cannot be accomplished by any power of the will, however strong that may be in controlling other actions; it is affected by emotional states, or by fixing the attention upon whatever the mind expects. The effect of emotion is very strikingly illustrated in the case of the heart, hence it has been called by almost all nations the seat of feeling; expectant attention also has as great a power or influence upon the heart as emotions, and without doubt the movements of the lower part of the alimentary canal are affected in the same manner—in this way we account for the action of bread pills and other suppositional purgatives in unloading the bowels.

The nerve force which animates the Sympathetic is undoubtedly peculiar, but the nature of its peculiarities is not known. Some of its manifestations are through reflex actions or, in a word, they are reflex-motor; others are apparent in the continuance of many chemico-vital processes which are interrupted when its integrity is disturbed. The first class of actions is probably dependent mainly upon the spinal cord, and take place through those filers which connect the Sympathetic with the cord. The second originate, we think, in the ganglia of the Sympathetic; to these therefore the ganglia are nerve centers—whether they are such independently of the cord we are unable to say, but even if they are re-enforced from it, the nervous fluid received is so much specialized by the ganglia that it is as peculiar as though it originated in them—it is correct then to say that the ganglia preside over the chemico-vital processes concerned in the functions of nutrition, secretion, &c.

Another service which the Sympathetic renders, is that of harmonizing the functions of the visceral organs; they take place at the right time and in the right succession by virtue of the sympathy which subsists between the several organs. Also, and lastly, the Sympathetic is a medium through which mental impressions affect the body; in illustration of this, many interesting and instructive instances might be given, but a few must suffice.

We see it most strikingly manifested in the influence of particular states of mind in exciting, modifying, or entirely suspending various secretions; the lachrymal secretion, formed only in sufficient quantity for the wants of the eye, is, under violent emotions, either largely increased or checked altogether; so also a superabundance of saliva is caused by the smell, taste and sight of food—hence the well known test in India of discovering a thief by compelling suspected persons to hold rice in the mouth—that of the thief will remain dry. In the case of the gastric juice, cheerfulness exercises a beneficial influence upon its secretion both as to quantity and quality. The same is true of the other secretions; and not only do mental influences modify the functions of nutrition and secretion but they affect equally, favourably or unfavourably, states of disease—a fixed belief on the part of an individual that he has a mortal disease is often the cause of a fatal result.

Throughout the entire animal economy there is perfect harmony; nature does no bungling work. But in no part of the whole system do we find so much beauty and harmony manifested as is displayed in so beautifully arranging the nervous system to meet the varied wants of human existence. In this certainly we see the wisdom and beneficence of the great Creator.

ARTICLE XI.

DIPHTHERIA.

BY E. B. HAYLET, M. D., OF HARTFORD.

[Read before the Hartford County Medical Meeting, April 24, 1862.]

THE term *Diphtheria* or *Diphtheritis* is derived from the Greek *δύψω*, signifying a membrane or pellicle—it was originally suggested by the leathery ash-colored exudation which is present in all cases of the disease, and is its most distinguishing sign. The disease now known as diphtheria has prevailed in various parts of the world, from time immemorial. It was recognized and chronicled by Aretæus so long ago as the second century, and from his time to our own, it has been described in almost every age and country of the world. Though so much has been written about this disease we yet know comparatively little concerning its cause and the influences which regulate its progress—like the wind, it bloweth when and where it listeth, springing up without any recognizable cause, lurking in the same vicinity for a period of years and then disappearing to again reappear in any situation where circumstances favorable to its development may exist.

Within the past four years, diphtheria has been unusually prevalent. In 1858 and 9, it made its appearance in England, Scotland and in many parts of the United States, especially in New York, Massachusetts and Connecticut, prevailing both as an epidemic and sporadically. Some of the cases were mild and yielded readily to treatment, while others were unmanageable and terminated fatally.

In the beginning of 1859, the disease appeared in Hartford and vicinity; in Wethersfield, where there had been sporadic cases since 1852, the epidemic was severe. It has prevailed in Bloomfield to a

greater extent than in any other town in proportion to its inhabitation, and many of the cases terminated fatally. In Hartford, some of the cases were very mild, others were most malignant and fatal. Some patients died in a few hours, others continued for weeks, and nearly all presented great fickleness of symptoms—so sudden and severe were the changes in some cases that the patient would pass from a condition of apparent convalescence to one of extreme danger in a few hours. In most instances, the disease continues from five to ten days before it abates or proves fatal, but in many cases it presents a great variety of symptoms and continues for weeks lingering in great uncertainty as to the final result.

Diphtheria is ushered in with more or less febrile action, marked by hot skin, rapid and easily compressed pulse, there being no force of circulation, and anorexia, with great depression of the whole system. The fever generally passes off in twenty-four hours. When the patient is first attacked, before the general symptoms are fully developed, the uvula and tonsils present a bright red appearance; they are not painful, neither do they produce any suffering in deglutition, not even sufficient to attract the attention of the patient or his friends. When called to a case of diphtheria we should not be deceived by the patient declaring that his throat is not in the least sore, and thus be led to make a wrong diagnosis. A careful examination will show the pharynx, tonsils and soft palate presenting a bright red and shining appearance; the small vessels are not distinctly injected, but the whole surface has a scarlet look, appearing as if it had been brightly painted and varnished.

After this redness has continued for a few hours, the uvula and tonsils are slightly swollen; after twelve or twenty-four hours from the commencement of the attack, a patch of peculiar whiteness appears on one or both of the tonsils. In some cases these spots are yellow, gray or brown, and are suggestive of sloughs, but they are not of the character of gangrene; they appear depressed from the swelling of surrounding parts. The swelling of the tonsils and pharynx increases, and the whole of the disease seems confined to the throat.

In other cases the inflammation and exudation appear in the trachea producing diphtheritic croup, or they extend to the nasal passages, or to the cavity of the mouth.

When the disease extends to the trachea it is very apt to prove fatal, the patient dying in from twelve to twenty-four hours. In some of the cases, when first called we find all the symptoms of croup and unhesitatingly pronounce it such; especially are the two diseases alike in their respiration—they cannot be distinguished by this means. The effect of certain remedies however is quite different in diphtheria from what it is in croup—thus emetics easily produce crisis in the former disease, while the reverse is true in the latter. When diphtheria extends to the nasal passages it has many symptoms in common with scarlet fever; the fetid exudation flows from the nostrils exoriating the skin wherever it touches; the respiration is performed entirely by the mouth, and the peculiar scarlet fever effluvia is strongly marked, and without special examination the case would readily be pronounced scarlet fever.

Although the diphtheritic patches in the throat characterize the disease, yet they do not (the writer thinks) always accompany even fatal cases. I have seen the disease prove fatal after lasting several weeks, during which there was no formation of membrane whatever. There is great variation in the symptoms of the disease in different localities, and the rage is considerable in the same locality. It may prove fatal in a few hours, or it may continue for weeks, at times presenting the appearance of oedematousness, and again assuming the most dangerous symptoms; it is impossible at the commencement of the disease to form any reliable opinion in regard to its duration or termination. Whatever form it may assume, its first development is usually in the throat; as it advances, the whole system becomes inoculated by the poisonous secretion of the false membrane, and as a result the vital forces are depressed and paralyzed. In some cases the patient is so completely overwhelmed that death ensues soon and suddenly, in others the poisoning is less severe and the case may continue for weeks with variable results. Two or three weeks after the throat affection has disappeared, palsy may supervene. The urine presents nothing decided in its character. In some cases it has been reported albuminous, in others no tests can discover a trace.

When diphtheria prevails as an epidemic, all diseases of the throat are prone to assume a more or less diphtheritic character, and are falsely called diphtheria.

In three cases of the disease in a family of four children, which came under the writer's notice, several points of interest were exhibited, as follows. In the first, a girl of six years having strongly marked symptoms, the disease continued with all its uncertain changes for five weeks when she became convalescent; after improving for eight weeks or until her general health was nearly restored she was again attacked by the disease which extended to the nasal passages and proved fatal. The other children were exposed in the first attack, but were immediately removed from all communication with the patient. In ten days from the time of exposure, a second child, a girl of four years, exhibited the premonitory symptoms; on the next morning the tonsils presented a slightly reddish appearance; in a few hours diphtheritic patches appeared on the tonsils, all the symptoms were aggravated and the whole system was rapidly becoming affected by the poison of the disease. Prompt applications to the tonsils with a rigorous use of general remedies produced a most salutary effect, checking the working of the poisonous matter and gradually overcoming all the symptoms. In four weeks the child had recovered.

The third child, aged two years, was exposed to the disease by the sickness of the second; in ten days thereafter, during which he had been kept away from his brother, he sickened, having the same symptoms but with greater severity; the exudation also was more abundant and persistent. Treatment in the use of local and general remedies was vigorously pursued, and this little patient got well.

In this case, the disease was entirely subdued in twelve hours, and there was no return of the symptoms.

The first case referred to above, answers affirmatively the question of liability to second attacks of diphtheria; in regard to this however, I have no doubt that a first attack secures the system against recurrence except in isolated cases, the same as does scarlet fever.

The above cases also show the importance of early and decided treatment. If remedies are used vigorously before the vital powers are seriously impaired by the poisonous secretion the secreting membrane will change its unhealthy action and the poisonous elements will be neutralized.

Diphtheria is propagated in the way of contagion—this is acknowledged by nearly all who have observed it. The proof of its infection,

by which I mean its power of being conveyed from one person to another through the atmosphere, is not so decided, though when it prevails epidemically, an influence seems to exist in the atmosphere sufficient to excite it in those who are predisposed through age or debility. This disease selects most of its victims from children under ten years of age; nursing babes are less prone to it than older children. A mother or nurse can watch night and day at the bedside of a child sick with diphtheria without ordinarily contracting it, showing that there is a greater immunity in the case of adults.

The diagnosis of diphtheria is easy: The diseases with which the practitioner is most liable to confound it are tonsillitis, acute pharyngitis, croup and scarlet fever. The peculiar red, tarnished appearance and slight amount of swelling and soreness with the characteristic diphtheritic patches will distinguish it from tonsillitis or pharyngitis. To discriminate between diphtheria and croup, is of vital importance, and is not ordinarily difficult; the appearance of the throat is a sufficient guide even when the disease is chiefly situated in the trachea, also some of the symptoms proceeding from the latter are quite different from those of the former, and they follow the exfoliation more promptly. With our present knowledge, it is inexcusable to confound this disease with scarlet fever: They are both almost peculiar to children and have a greater or less amount of pharyngeal inflammation, but there are points of difference sufficiently distinctive to admit of discrimination, thus in diphtheria the tonsils and pharynx, at the beginning, are red and slightly swollen without pain; in scarlet fever they are red, more swollen and painful; also there is a less degree of heat and fever, and it does not present that peculiar burning and tingling sensation so characteristic of scarlet fever. The diphtheritic exfoliation too appears earlier and it is more extensive than that of scarlet fever. The tongue has a white, thick coat in diphtheria, and does not present the red shining elongated papillae so characteristic of scarletina.

As we have already stated, the disease under consideration presents great variation in the severity of its symptoms, some cases being mild and easily managed—and they are as often epidemic as sporadic cases—while others exhibit symptoms which are persistent and defy all treatment. Notwithstanding this variation in the symptoms, the cases are all marked with the peculiar ash-colored patches,

The treatment of diphtheria is conducted on the same general plan wherever the disease is met with. Local applications are required to destroy the poisonous exudation and prevent the further secretion of it, and general medication of a bracing character is needed for the removal of bodily languor and weakness. The success of the treatment, both local and general, is greatly dependent on its early application. The writer's plan is somewhat as follows:

To the fauces, tonsils, and uvula he applies a solution of nitrate of silver of the strength of one drachm, to the oses of water; this application should be repeated once or twice in the twenty-four hours according to the severity of the disease. Objection has been made by some, to caustic applications, on the ground that they maintain a congested state of the vessels which gives rise to further exudation, but according to my experience these objections are groundless. There are many other remedies employed locally in this disease which have their advocates and merits; the more important of them are, the diluted tincture of iron which is applied of full strength; chloride of potash in a saturated solution—grs. xiii to the ounce of water—also chloride of lime, chlorinated soda and chloride of sodium are all much employed; alum, borax and turpentine are also recommended.

These local applications should be persisted in until the patches are destroyed and the tendency to their renewal is overcome; the best way of using them is by means of a camel's hair brush of large size. The inhalation of steam has been successfully used by Dr. Lawrence of North Adams.

In the treatment of diphtheria no relaxing remedies should be administered. The various preparations of mercury are not indicated, neither does its alterative effect, so important in the treatment of many diseases, avail anything. The bowels should be evacuated of all accumulation by some gentle laxative which should be repeated as occasion requires. The various compounds of calomel are highly recommended by most practitioners, and especially the chloride of potash which should be given to adults in doses of ten grains at intervals of three or four hours—and to children in less quantity, the doses being proportioned to their ages. The diuretic mixture, prepared according to a formula in Watson's Practice of

Physic, *Lecture xxxviii*, is a valuable preparation†. The marinated tincture of iron is a useful and important medicine and when administered early, is efficacious both as a topical and general remedy. Sulphate of quinine, together with brandy, whiskey, rum, or such other alcoholic stimulants as are most acceptable to the patient, should be freely given as the system becomes depressed by the disease. Carbonate of ammonium and spirits of turpentine are also important remedies for some cases.

There are no known Specifics for diphtheria, but a general tonic and stimulating medication is what we must depend upon in the treatment of most cases.

The food used should be of the most nourishing kind. Beef juice properly prepared furnishes the most concentrated nourishment available and it is very acceptable to the stomach; A convenient and good way of making it is to partially boil a beef steak over a quick fire; when sliced up, which is the next step, blood should follow the knife; season the scraps with pepper and salt and then pour on boiling water in the proportion of a pint and a half to a pound of beef and boil slowly for half an hour. The various jellies and animal broths and most any delicate and nutritious animal food may be allowed. When it is impossible to give a sufficient amount of nourishment by the mouth, nutritive enemata should be employed.

Free ventilation and cleanliness are as indispensable as good nursing and medical attendance; foul air, by vitiating the blood, greatly increases the contagious character and malignancy of the disease; and not only ought the room to be freely ventilated, but the bed clothing should be daily changed and aired both at night and morning.

The daily ablution of the patient's body, if so performed as not to produce prostration, will prove beneficial.

† The alcohol probably acts as a solvent upon the fibrin of the blood and so diminishes the tendency to the formation of diphtheritic patches, also it may operate as a disinfectant, cleansing the blood of vitiated elements in which the disease more or less depends.

A REPORT OF
TWO ANOMALOUS CASES OF DISEASE.

BY DAVID CHASE, M.D., OF HARTFORD.

[Published by request of Hartford County Medical Meeting.]

Gustavus F. Davis and Ellsworth P. Kazur, whose cases are here reported, were men of steady habits and uniform good health,—both were young and unmarried, and the former possessed a sanguine temperament and weighed 162 pounds; the latter was of a bilious temperament and weighed 115 pounds.

Davis was employed in driving a meat cart; Kazur was a workman at Colt's pistol factory. Though not room-mates they boarded together at Mrs. Hill's, No. 72 Governor street, in the southeast part of the city.

The symptoms of the two cases bear so strong an analogy to each other that the narrative of one is very nearly that of the other.

On Monday, March 17th, Davis took breakfast and dinner as usual and worked through the day. At night, complaining of head ache and of feeling very chilly—as if a severe cold was coming on—he took some composition powders (so called) on going to bed. In the morning his landlady found he had vomited quite a quantity of "yellow looking water" as she expressed it and a quantity of orange peel, and also that he had had in the course of the night a natural movement of the bowels. He looked purple about the face, especially under his eyes and one leg presented the same appearance; red spots were observed about the face, neck and breast.

Dr. Jackson was immediately called in, who says—"I was called to see Mr. Davis about 8½ a. m., found him extremely restless, tossing from side to side and exclaiming 'I am dying, I am dying, can't you help me.' He seemed at first to recognize me, but delirious soon interrupted consciousness. He repeatedly asked to be 'weighed off,'

referring to his daily practice of weighing meat in the market. The tongue had the appearance of the semi-conscious state of typhus; extremities were cool although not cold, pulse was imperceptible in the radial artery and the eyes were extremely injected and prominent. The skin of the face, thorax, arms, hands, legs and feet was purple, shading in various parts into a deeper hue; upon the face and neck were spots from one to three lines in diameter, circular and somewhat resembling the ordinary blood blister. The tongue was covered with a dark coating and the lips and teeth with acridities of the same hue." He died about 9 o'clock a. m., of same day.

The person laying him out tells me that for some time after death the body continued warm; the side on which he had been lying was purple with here and there irregular spots, some of which were quite dark, though they were unlike those on the face and neck.

None of Mrs. Hill's boarders knew at breakfast time the extent of Davis's sickness. When told at noon that he was dead, Kassar went into the room where the body was laid out; on returning he seemed to be very much agitated and frightened, turning very pale and was scarcely able to stand. He sat down to dinner but ate very little and immediately after went to his work; at 3 o'clock he returned and complained that he felt cold and had frequent chills; he remained in this state until evening when he took some composition powder and went to bed. In the morning it appeared that he had vomited great quantities of very dark matter looking like bile and also had had an evacuation from the bowels, but though this was quite natural in appearance, on my arrival I found the following symptoms: No pulse at the wrist; feet and hands nearly cold; tongue slightly furred and perfectly bloodless—looking very much as it does in the last stages of cholera. His face, hands and arms as far up as the elbows and feet and legs to his knees were covered with patches of extravasated blood of all shapes and from the size of a five cent piece to that of a dollar or larger; on the face there were a number resembling black and blue spots one and two inches in length, looking as though they were caused by the blow of a whip; petechial spots were also scattered more or less over the surface of the body. At this time his mind was perfectly clear and calm; I asked him if he was in pain, and if so, where; he answered that all his pain was in his head over the eyes and that his hands and feet felt cold.

He informed me that when he left the factory the day before, he took a glass of elder-brandy on his way home which made him feel better for a short time, but the chills soon returned and he felt as bad as before.

Dr. Hastings and Jackson now came in. We put him immediately upon the use of quinine, brandy and pepper with hot applications to the extremities, but the system did not react and at about 11 o'clock that morning he died.

The small spots on the face and neck of Davis, as seen after death were of a bright scarlet color, of the size of No. 8 shot and were scattered irregularly over the surface; the small spots on Kazar were not as large nor as bright, but more like the regular petechiæ of typhus fever. Davis was very thirsty, drinking water just before his death, which was not the case with Kazar. The former lived, from the beginning of the attack, about fifteen hours, the latter, twenty-one hours.

REPORT OF A CASE OF
CEREBRO-SPINAL DISEASE,

BY RALPH DENIO, M.D., OF SEABOARD.

[Published by request of Litchfield County Medical Meeting.]

Miss J. B., aged 18 years, presenting symptoms of cerebro-spinal disease, came under my care in December, 1852. She exhibited the usual signs of the venous stasis, such as a pale and soft skin, flaccid hair, long eyelashes and large blue eyes. Her mother died of phthisis pulmonalis.

The patient was suffering from an anterior curvature of the lumbar spine—over the curvature there was much tenderness; the general symptoms were those of irritability and weakness; appetite was deficient, sleep insufficient and the pulse was frequent, feeble and compressible. I visited her occasionally until April, 1853, making use generally of soothing applications to the spine and administering internally, narcotics, nervines, alteratives and tonics; besides these the patient took occasionally saline baths and careful carriage exercise. She improved, and during the continuance of the treatment the improvement was progressive.

February 15th, 1853—I was called to the same patient again; age 20, and unmarried. Ten days before, in riding down a hill, she had been severely jolted. Her condition at this time was that of weakness; appetite was good, bowels regular, pulse 90 in the minute and feeble and there was more than the usual amount of tenderness over the spine in the lumbar region. Prescribed entire rest, the use of tinct. hyoscyamus and tinct. calceolae and anæsthetic applications to back.

Feb. 19th—Patient greatly prostrated by fever and stomach so irritable that almost everything taken is rejected. Nausea and vomiting

have existed since the 16th, at which time the colic discharge appeared; pulse 110, tongue coated and dry, teeth and gums covered with scoriae, some headache and great thirst. Ordered powders of carb. soda with slice of opiate to be taken in twenty-five drop doses once in four hours, and freely *per os* *et* *recto*. Also, over the epigastrium a mustard application, to the head and back, ice water, besides stimulating pedicula.

Feb. 20th—Symptoms are much the same though patient is more restless—in consequence probably of seeing too many visitors; there is intolerance of light and sound, some delirium and morbid wakefulness; gastric sickness and sinking continue; thirst is great; pulse still 110; urine scanty and high colored. Continued the treatment without essential change.

Feb. 21st—Patient has slept some, has no headache and complains that the cold applications are uncomfortable; pulse is 100; tongue coated and dry except near tip which is red and clean; any motion of the spine aggravates the stomach sickness. Continued the treatment of yesterday, only adding laxative enemata.

Feb. 22d—Bowels have moved—contents dark, fluid and fetid; restlessness and prostration are great; there is no abatement of gastric irritability or thirst; pulse 110 and more feeble. Continued the treatment of yesterday with the addition of one drachm of elixir of opium by the bowels.

Feb. 23d—Irritability of stomach increased, slight moroseness of the spine or pressure over it occasions vomiting; pulse 100; restlessness diminished; thirst and heat of skin augmented; menstruation to this date from 16th, discharge being of very dark color. Employed counter irritation over epigastrium; no change of medicine.

Feb. 24th—Symptoms more decidedly typhoid; delirium more constant and of low and muttering kind; patient inclines to pick nose and to grasp at imaginary objects; there is less heat of skin and restlessness. Ordered for the day, hydrarg. cum creta, soda powders, liniments, elixir of opium and barley which the patient has daily preferred to anything else given.

Feb. 25th—Passed a better night; this morning had a severe convulsion caused by blowing the nose, it was succeeded by unconsciousness which lasted through the day; pupils dilated; pulse 110;

urine discharged involuntarily. Applied cold to head and warmth to feet. In the evening, patient had lucid intervals; troubled with illusions of light and sound; no stomach sickness and pulse reduced to 100. Continued cold to head and administered powders of hydrargyrum creta with tinct. valerian every four hours.

Feb. 26th.—Bowels moved, after which was another convulsion and then, for several hours, constant jactitation and muttering delirium; pulse 120 and very feeble. Gave one drachm of elixir of opium by enema. During the afternoon the patient was still and stupid; in the evening, awake and quiet but with eyes staring, pupils more dilated, vision double and pulse 100. Ordered solids of potassium and extract of valerian, to be taken in six grain doses once in four hours.

Feb. 27th.—Light spasms occur frequently in the muscles of the lower extremities; illusions of light and sound continue; consciousness is more constant; pupils are variable, they respond moderately to the light of a candle; there is no nausea or vomiting though motion of any part of the spinal column occasions pain in the region of the stomach. Treatment of yesterday continued.

Feb. 28th.—Is able only to recognize objects which are near at hand; muscular agitation considerable; urine passes away involuntarily and rather copiously; pulse 100. Continued the nervina and stimulants.

March 1st.—Patient is more rational and is inclined to converse; motions of the head cause great distress and flinching of the face; the eyes have a fixed stare and vision is double; pulse 110; treatment is by stimulants.

March 2nd.—Catamenia still continues; urine is freely and frequently voided; strength is gradually failing, though the patient is conscious and speaks often of her approaching dissolution; pulse 100.

March 3d.—After enduring a severe convulsion the patient expired.

NOTES ON A CASE OF

LIGATION OF THE EXTERNAL ILIAC ARTERY.

BY JOHN W. LANTON, M. D., OF SACRAMENTO.

It is well known how very successful the operation of tying the external Iliac Artery has proved, in the hands of surgeons both of this country and abroad. It is to Mr. Abernethy we are indebted for this first successful operation in 1796, and the history of the successive attempts of that distinguished surgeon, reflects the greatest credit on his firmness and abilities. Up to the year 1813, *twenty five* operations had been performed, *fifteen* of which had proved successful. Since that time the operation has been frequently repeated, and now has become so common, owing to disease and injury, as to render superfluous any description of it; but I propose to report a case occurring in my own practice which may present some points of interest, particularly in its result.

E. S., is an affray on the evening of Sept. 16th, was stabbed in the right (?) thigh, three or four inches below Poirson's Ligament, the wound, which was inflicted by a long pen-knife blade was upwards and outwards in the line of the inner edge of the adductor longus muscle. He bled to the amount of from twenty to thirty ounces; my friend Dr. Langdon having then arrived, a temporary dressing was applied and the patient was removed to his home, a mile distant. Soon after, I saw him, and as the hemorrhage had been so profuse and had now nearly ceased, we did not deem it best to endanger a recurrence by an examination, and so merely applied a compress and bandage. He reacted well, and the next day was comfortable though weak. We decided to retain the dressing undisturbed and await the result. I saw him at short intervals, for a week. All the symptoms were favorable, until the eleventh day, when he became restless and uneasy; I marked a strong arterial impulse, indicating a hemorrhagic effort. Just as I bent down to examine the wound,

the blood gushed out in a full stream, to the amount of twenty ounces. I removed hastily all the dressings and applied a silk handkerchief as a tourniquet, with a compress, which perfectly controlled the hemorrhage. Dr. Hall, of Waterbury, was sent for as counsel, and later at night, Dr. Charles Hooker, of New Haven. After consultation the wound was thoroughly examined, the clot broken up and warm water injected without exciting hemorrhage. The finger passed into it could detect the pulsation of the femoral artery; the question of operation was now discussed, but the danger of the operation, the risk of secondary hemorrhage, the fact of none at present, and the uncertainty as to what artery was wounded, led to a unanimous opinion in favor of postponing an operation and trying the effect of pressure and the curative power of nature by the formation of a clot—we hoped for, more than expected, such a result. A tourniquet was applied with a compress whereby slight but constant pressure was kept up above the wound. This was watched constantly by faithful assistants who were instructed how to increase pressure instantly upon bleeding. The next night but one, he bled to the extent of ten ounces.

October 4th—In the morning he bled a few ounces; at two o'clock p. m., same day, bleeding resumed and again at four p. m., and now, though pressure was constantly made over the groin, blood would jet out at times in fine streams to the height of several inches—the parts were becoming tender and intolerant of pressure.

I sent again for Dr. Hooker, who on arriving advised and performed ligation of the external iliac. The wound was dressed with silver interrupted sutures, adhesive straps and compresses. Three hours after, I saw the patient. He complained of some pain; vomiting was constant less effects of ether—ordered $\frac{1}{2}$ grain doses of morphine to be taken occasionally.

Oct. 6th—Found patient very restless, limbs warmer than natural—a feature which was constantly present for weeks—and quite tender; vomiting unchecked. Ordered limonade and calomel; at night pain was increased and knee swollen.

Oct. 7th—Did not see patient as I was called out of town, but learned that he was more stupid and restless and suffered severe pain; tongue was dry and coated with a brown fur. Ordered milk punch and generous diet; omitted morphine.

Oct. 30th.—Found patient in a comatose state; knee exquisitely tender and giving indistinct fluctuation; pulse ranged as usual from 119 to 123. Ordered punch continued, quinine in the quantity of ten grs. per day and fomentations to knee; coma evidently not from anæsthesia as he has taken none for thirty-six hours.

Oct. 30th.—Patient is so stupid that he cannot be roused; takes no nourishment; knee distended and tender as before—he seems moribund and I judged he could not live till night.

Oct. 30th.—Not hearing of his death I rode up to learn of his condition—to my surprise I found him rational; limb was cool; pulse 80, and very weak. Continued milk punch, with quinine in full doses. At night, pulse was stronger and the symptoms were all good.

Oct. 12th.—I found patient had made some further improvement; knee less painful and swollen; wound discharging freely.

From this time he gradually improved. The ligatures came away in the course of a few days except one, which remained nearly four weeks.

During this period of convalescence there appeared a swelling at the angle of the lower jaw, on the right side, which increased very rapidly, involving the whole side of the face and neck and extending down upon the chest. This gradually disappeared, leaving a large abscess which on being opened discharged nearly $\frac{1}{2}$ pint of pus and sloughs of the Parotid gland—it continued discharging for a number of weeks and then healed up. The face then grew worse and became exquisitely tender from inflammation, also indistinct fluctuation was ascertained. No benefit seemed to result from any applications though they were most faithfully made and so I had him removed, Dec. 19th, to the Hospital in New Haven to be under the care of Dr. Chas. Hooker.

Since that time the history of the case affords nothing of interest. The patient has improved in general condition but the knee, so far, remains fixed and ankylosed.

ARTICLE XII.

THE MEDICAL PROFESSION—
ITS DIGNITY AND GRANDEUR.

Read the third Edition delivered before the Association, May 23d. 1864.

By the President of the Society,

WILLIAM C. BROWNELL, M.D., OF LITCHFIELD.

GENTLEMEN:

In accordance with the By-Laws of this Society, it becomes my duty to address you on this occasion.

Another year has completed its course and has gone to mingle with the mighty past, bearing upon its bosom an ocean of sorrow and of gladness; how rapidly has it passed away! No mighty voice nor startling sound have been heard to mark the flight of days and months, yet quickly and quietly have they glided through the various abodes of men.

It has been a year of momentous events in our national history. Our Southern horizon is still darkened with the cloud of battle, and its soil reddened with the best blood of the Republic. Our profession has fully answered the call made upon it for army surgeons to mitigate the horrors of the deadly conflict; some of them have fallen martyrs to exposure on the field of battle, but more, to diseases incident to the camp and to the climate.

But death has not confined its ravages to these alone. He has suddenly arrested in the midst of life, amid herculean labors, the distinguished Professor of Anatomy in the Medical Department of Yale College, the indefatigable Hasker. In the preceding year, when the ex-professor of Materia Medica, (Eli Ives, M.D.,) who had filled that chair with great ability, and had retired from active

life in the evening of his days to await his departure, when he received his summons to cast off this "mortal coil," the public had anticipated the event, and they were not surprised, for he fell like the ripe fruit of autumn and was gathered to his fathers. But when the electric fluid conveyed through the length and breadth of the land the sad intelligence of Hooker's death, all were startled by the news; the periodical press gave utterance to the public voice in exclamations of sorrow and regret that one who filled so wide a field of usefulness, before his eye was dimmed or his step faltered from age, should have left the world forever. All will bear witness to the zeal and ability with which he discharged the arduous duties which devolved upon him up almost to the last hour of life, and will embalm his memory with those who have preceded him, in their affections.

At the last annual Convention I had the honor of addressing you on the progress of medicine during the last fifty years. I exhibited the claims of humanity in behalf of the profession; for the innumerable blessings which have been dispensed through its hospitals, dispensaries, asylums and other institutions of public charity; for the assistance of forensic medicine in the detection of crime, thus throwing around human life the panoply of its protection. For all its agencies, not only in rendering life endurable, but comfortable, and greatly extending its duration, and everywhere, on every side, carrying light and comfort into dungeons and prisons—and dispensing to every form of suffering humanity all its benefits and charities with a God-like hand. I now propose to devote the brief hour which is allowed me, to considering the *moral dignity and grandeur* of the medical profession—showing its connection with civilization, political economy and with all the enduring and substantial interests of national welfare and greatness; and we shall glance at the intellectual and moral endowments, and the education necessary to qualify the physician to discharge the duties of his profession in the age and times in which we live.

This *moral dignity and grandeur* of the profession is evident from the history of the science itself.

The word *medicine*, in its most restricted sense, signifies whatever may be administered with a view of relieving or curing the patient.)

in an extended and philosophical sense it implies all the knowledge necessary to practice the art. The science of medicine therefore includes every branch of medical science, and all the divisions and subdivisions of the art of healing. Practical medicine therefore includes surgery, pharmacy, midwifery, medical chemistry, botany and zoology; in this broad and comprehensive sense it is synonymous with the "theory and practice of physic."

The knowledge necessary to practice medicine requires a full and intimate knowledge of the nature of man and his relations to all nature which is around him. Hence physics, the old term for the science of nature, is synonymous with medical science, and as a sequence, physician is but another name for medical practitioner.

This grand old name for the students of the science of human nature, is so comprehensive, and so clearly indicates the duties and privileges of him who has to apply that science to the welfare of man, that it is to be hoped, that it will not pass out of use, but on the contrary the physician hereafter shall be as his name imports, able and fit for the practice of medicine in all her parts.

The above remarks are so pertinent to the subject, that we could not consistently withhold them from your notice. They are from a standard work of great celebrity, to which we shall have occasion often to refer in glancing at the origin and early history of our art. They show, what has been regarded from the earliest era of light and knowledge, as the legitimate inheritance of the profession. They yield to it, for its use every agency necessary "for the preservation of the vital machinery in health, the restoration of it to health when disordered, and the development of it to greater perfection," which implies the prevention and cure of disease and the "improved condition of man."

Our limits will not permit us to enter into an extended consideration of our early medical history, to its origin in instinctive medicine, readily passing into the patriarchal, in which the head of the tribe, being the repository of all power, was the medical head also in the further development of society: the priesthood united to their functions the powers of healing; after which it became an organized profession, and society advanced to a state of high civilization, but falling under the power of the military hierarchy, religion, civilization, science and medicine all fell together under the same reign

of despotic power, and this together under the benign auspices of civilized society.

The medicine man of the North American Indians is regarded as the germ of the sacerdotal caste, which held power so long among the great nations of the East. We are told "that politics and law, religion and science," and with these medicines both as a science and an art, were exercised by the priesthood exclusively. The Masai writings show a remarkable retentum of our science, manifesting a system of public and domestic hygiene established among the Hebrews, by Moses, who was educated in Egypt, and selected their doctrines and domestic polity.

The Levites were the physicians of the Jews for a long series of years. It is supposed by some that the priestly office was divided and that from this division arose the profession. The "Ayur Veda" appears to be the ancient Hindu book on medicine, 1400 years B.C., and 500 years before Hippocrates. This great work was a compendium or abridgment of the doctrines and practice still more ancient, which had been collected with great labor by the priests. This great work contained eight divisions, two on surgery and obstetric surgery, one on general pathology and the practice of physic, the fourth, physiological medicine, fifth, the care of infantile diseases, the sixth, toxicology, the seventh, is general hygienic and metallurgical chemistry, the eighth, to the diseases of the generative functions.

European medicine dates its literature from the time of Hippocrates, B.C. 500 years. His writings give a complete summary of the doctrines and practice in Greece. Fifty years after the Trojan war, and in the 12th century, B.C., a temple was erected to Esculapius: this was the sacerdotal period of Greek medicine, when the sacerdotal medical caste caused temples to be erected throughout the civilized world. In these temples the practice was carried on with all the modern elements of empirical medicine—we are told that they had hydropathic establishments situated at or near thermal springs or fountains of living water or upon the sea coast or amidst beautiful mountain scenery. Diversion of the mind, exercise of the body, regulated diet and regimen, friction and iritation of the skin, sun-bathing, mineral baths and waters, these and similar agencies constituted their treatment. These temples of medicine being hospi-

tals, were the medical schools of those times. History has preserved the names of the most celebrated temples of Esculapius. That of Rhodes, the most ancient, was not extinct at the time of Hippocrates. That of Cos gave birth to Hippocrates. It was the time of Pericles, when Greece attained that proud eminence in war, religion and philosophy. The age of Socrates, when he brought moral philosophy to simulate christian morality, and when natural philosophy, logic and metaphysics were cultivated.

Pythagoras, who studied philosophy and medicine in the medical schools of Egypt, Chaldaea and India, and who obtained an ample knowledge of science and philosophy in those schools, gave an impetus to Greek philosophy and science on his return. He is thought to have been cotemporary with Confucius, the great reformer of religion and morals among the Chinese.

But the wars of Alexander the Great interrupted the progress of Greek philosophy and freedom. National culture and science and medicine were trampled under the feet of military superstition.

But the medical profession and its literature in Rome did not arise from the sacerdotal profession. The first purely professional man was Archagathus, a Greek, on whom, according to Pliny, the freedom of the city was conferred, and they purchased for him a shop for surgery on the Aelian roadway. The imperial city extended her power and influence over the cities of Sicily, Greece, Asia Minor and even Egypt, and attracted among the men of great intellectual ambition and energy, Asclepiades, who had studied in Alexandria and Athens, and established himself as Professor of rhetoric in Rome, B. C. 96. The Greek language and its literature was studied by the sons of the nobility of Rome in the great seats of science in Greece. Asclepiades having the intimacy of the illustrious men of his day, and Cicero among the number, opposed the doctrines of the schools, and promulgated his own philosophy, which was speculation. He termed the Hippocratic method of observation as a "meditation on death." He had a sect of homeopathic masters that one fever would cure another. He was also hydropathic, and the inventor of the shower bath.

Therapsion, his successor, came from the Laodicean school, which sprung from the Alexandrian school. He favoured the sect of the Methodists, a term which gave name to the religious sect which

originated in 1719 with John Wesley, a great ecclesiastical reformer and Fellow of Oxford University. They allowed to each day its diet and regimen in detail, occupying a period of these days of tensity.

Thersites succeeded Themison, and was a fit physician during the reign of Nerva. He gave his pupils authority to practice after six months study, and professed to make them perfect in the art in that brief period.

Soranus, who settled in Rome, was a man of science, studied anatomy, wrote the life of Hippocrates and systematized the practice of medicine.

Celsus A Cornelianus, his contemporary, published one of the best works of the day on the practice of medicine. He was a methodist, but with a return to scientific culture this sect disappeared.

Cornelius A Cornelius Celsus was the cotemporary of Aesculapius and Themison. He wrote on military affairs, agriculture, rhetoric and medicine. He was probably a practicing physician at Rome. He was a learned and scientific Roman. His writings are in our libraries; they take equal rank with Hippocratic writings as classical works. Celsus recommends in the treatment of hydrophobia that the patient be plunged over head into water, raised again for a brief period, and so alternately submerged and withdrawn, a practice still pursued in some countries, evidently derived from him.

Galen, a representative man in Rome, went thither A. D. 163, a native of Pergamon. He finished his education at the great Alexandrian school. His time was devoted to the compilation of the knowledge of his times. His works are a perfect encyclopedia of medical science in his day. His writings took rank with Hippocrates, and were regarded as equally with the latter, a text book of medical literature until its revival in the 15th century.

This era was the culminating point of Roman science and literature. Marcus Aurelius the patron of Galen knew how to value science. He traced his pedigree back to Numa, the scientific king, and through an extended line of noble Roman ancestors. Although the prospect seemed fair for science and medicine during the period of Galen, yet his was the last work on medicine. Barbarian foes on every side, like vultures, brought down the Roman eagle from her towering height, and spoiled the empire; civilization and medicine

fell under the eclipse which continued through the dark ages. Despotism reigned supreme. Military power detested science; hardly had Galen died when Caracalla, the parricide and fratricide, visited that great seat of science, Alexandria, under false pretences, gave up the city to slaughter, forbade the teachings of Aristotle, whom he hated, persecuted the professors and their disciples to death. Caracalla was a representative man, a type of the age. Religion, literature, and medicine all declined rapidly, and were equally depressed in Western Europe. Boethius, born A. D. 470, was the last of note in the Roman era of science. Sacerdotal power was alone able to overcome brute force and maintain some degree of social order, and gathered under its protection the shadow that remained of philosophy and medicine. The era of Gregory the Great witnessed their revival.

Medicine, which had nearly expired at the West, longer withstood the elements of social decay in the East, and revived in the new metropolis of the empire, founded by Constantine the Great, A. D. 325. Cosmopolitan grandeur had only eclipsed it here. Greece with her colonies, cultivated the arts and sciences during the Roman dominion. Social relations being changed, and pagan mythology becoming extinct, it came under a religion which was about to be supreme over the civilized world. The change which had been so disastrous to social order in the West was less so in the East.

But the Grecian schools did little to advance medical science. The christians opposed more strongly than the Romans the dissection of human bodies. Tertullian, partly a contemporary of Galen, vilified the memory of Herophilus 300 years after his death, designating him as "that physician, or rather butcher, who dissected 600 men in order to find out nature," wistfully stating that "his victims did not die a natural death, but expired amidst all the agonies to which the cruelty of the anatomist was pleased to subject them." Hence anatomical research was less than ever possible.

Oribasius, attached to the Court of Julian the Apostate, flourished in the 4th century. He wrote seventy-two books copied from Galen and Hippocrates and other authors.

Aetius wrote A. D. 525, summarizing like Oribasius, and like him quoted authors not mentioned by previous writers, and introduced, in consequence of his Eastern birth, knowledge obtained from Egypt

and Poesia, also the doctrine and use of rites, spells and incantations, which had begun to disfigure christianity.

Procopius, the historian, appears to have been learned in medicine. He mentions several medical extirpations, and speaks of the plague of 543, which spread through the known world, and in Constantinople carried off 10,000 persons daily when at its height.

Paul of Egina, the last of the medical writers in the palmy days of the Eastern or Byzantine Empire, flourished in the 7th century. He was a representative man, a learned and practical physician and skillful surgeon. A voluminous commentator and compiler, quoting largely from works not mentioned by his predecessors, he brought up the science to its latest development in the East, as Galen had done in the West; but while he was writing, the tempest which was to fall with destructive force was gathering. Heraclius had to defend his empire on all sides, and in the same year Mohammed openly assumed the character of legislator and prophet; in 640 the Arabs captured Alexandria. The schools of science and philosophy were broken up, the professors were driven away, and the great library it is said by some was burnt by order of Omar El. While the followers of Mohammed were warring from the christians the fairest portions of their eastern possessions, the emperor Heraclius was disputing theology with Pope John IV.

The Greek Empire became mutilated and degenerated, and medicine languished, with the emperors associated with political and religious decadence. Only one Greek name stands prominently in the history of medicine, from the fall of Alexandria to the date of the capture of Constantinople. John, the son of Zacharia, lived in the 13th or 14th century, and was sustained "Aetarius," as honorary title of chief physician to the court. Religious bigotry and superstition exiled the best minds of the nation, and drove them to the colleges and universities of the polite Caliphs, and at a later period drove them from the Moslem and Greek universities, when in 1453, the Turks having captured and pillaged Constantinople, a number of learned Greeks taking all the literary treasures they could carry off, fled into Italy. That event closed the era of Greek civilization and science, and then, after a long period of gestation was the birth of true or European civilization. The flight from Alexandria carried the light of medical science back to Greece and Southern Italy, and

medicine was again developed in Italy which became the source of light to Europe. But the great seat of medical science was now transferred to Asia. The conquering Caliphs patronized literature and science with the zeal of the Ptolemies; from the Indies to the Ganges, science was cultivated, and flourishing schools of medicine existed in India and Tartary. The Arabs had not only at this time a strong taste for medical studies, but there is reason to think that the prophet himself was a student of medicine and a medical author. The schools of Alexandria were re-established, and at the commencement of the 9th century the Patriarch of Alexandria was so celebrated for his skill, that the Caliph Haroun al-Raschid sent for him to visit one of his sick wives. European science was acquired by the Arabians from the Syrian translations of Greek medical science called *Pandects*; they were translated into Arabic in 687. In 767, Bagdad was founded by Caliph Almansur, the Victorious, a great patron of science. He paid a fee of 10,000 gold pieces to an Indian physician, a graduate of Nishapur, by the name of Boethius. He translated numerous medical works into Arabic, but the great translator was Housin, a Christian well acquainted with Greek, Syrian and Arabic. He possessed a great library of scientific works. It is said the Caliph Almansur paid him in gold a sum equal in weight to each work of Aristotle he translated. The fifth Caliph of the House of Abbas Haroun al-Raschid, adorned Bagdad with colleges and hospitals and made his court the seat of science, which were added to, under Almansur until it rivalled Alexandria and Athens as a seat of scientific culture. He first set the example of attaching to every mosque a college and an hospital; an example strictly followed by the Moors of Spain. Almansur the Second ascended the throne of his father, the great Caliph, in 840, and followed his example in the enthusiastic pursuit of science. He erected Observatories and furnished them with suitable instruments for making astronomical observations.

Rhoen, born in 852, was a voluminous writer and compiler. He wrote on measles and small-pox. The highest development of Arab culture was initiated in the 11th century.

Arab medicine declined in 1242. The distant regions of the Empire and the various provinces became kingdoms under military commanders; it was the period of religious and political decay.

The Turks finally conquered Bagdad and left no traces of science behind.

In the year A.D. 748 medicine in connexion with Arabian science found the same support that it had received in the East among the Mohammedans of the West. In 711 the Arabs penetrated into Spain from Africa and laid the foundation of the Moslem Empire in Western Europe. A descendant of the Omeyyad dynasty, Abd El Rahman, escaped from Bagdad, took refuge in Spain, established himself in the government and made Cordova his capital. His successor, the third of his name, who reigned in the 10th century, was the greatest Ruler the Moors ever had. He fostered every kind of science and art, founding colleges, schools, libraries, and constructing roads, canals and aqueducts, following in all respects the illustrious examples of Almansur and Alhamon. His son and successor, Al Hakem 2d, had an unbounded love for science and literature. He attracted the learned men of every country to his court, founded the library of Marwan of 250,000 volumes.

Within 500 years of the conquest of Spain by the Arabs, science had so developed itself, that it could boast of 70 public libraries, those academies at Seville, Toledo and Murcia, besides the world-renowned University of Cordova, and hundreds of authors and teachers.

But Arab medicine in the West reached its culmination and began to decline in 1150. Averroes was the Galen and Avicenna of Spain, his father, grandfather and himself, were men of high reputation in medicine. He was a Jew by religion and race—rich and of noble birth, a learned commentator, and his works were esteemed in the scientific world like those of Ibn Sina.

Averroes was his pupil, educated in the University of Morocco, where he studied law, which he gave up for medicine, mathematics and philosophy. His father was High Priest and Chief Judge of Cordova, and he was his successor to those offices at his death, and was removed for scepticism. He wrote a system of medicine intended to be a compilation. Medicine here declined, and the bloody civil wars rent the Empire, and struck at the heart of Moorish power. A painful blight of science fell upon Spain at the time when the rest of Europe was beginning to cultivate every branch of human learning, and is still felt in that unhappy country to the present time. So ended Saracenic medicine.

We now come to the consideration of European medicine. Rome's imperial dominion ended with the capture of the city in 472, and the abdication of Augustulus in 476. This finished the succession of phases of ancient European society. Amidst the troubles and distress of the dying Empire, the Municipalities had held to laws and government, and the people found in the superior wisdom and power of the clergy, the best safeguard for peace and social order. In 466, when the Bishop of Rome was elected to fill the Episcopal chair by both clergy and people, is dated the commencement of the sacerdotal period of modern civilization. This military power was gradually but certainly to yield to the priestly power by the reconstruction of society in its very elements; not by a conquering prophet, but slowly and gradually, the civilization was effected by the spread of the Christian religion among the barbarians of both West and East, and light burst forth at last in the 6th and 9th centuries, from Ireland to Bokara and Hindustan. It was the deliverance of the race from the degradation of paganism to the grand march onward to civilization and freedom.

Charlemagne the Great in the 8th century, in his encouragement of the arts and sciences, followed the examples of the Caliphs of Bagdad. During his reign the Cathedrals and Monasteries of Christendom had libraries, colleges and schools, in which medicine was taught under the name of Physics or philosophy of nature. Priests, Abbots and Bishops studied medicine and were physicians to kings. The Arabs were encouraging science and arts in Asia, Africa and Spain. Alfred the Great was rivalling their example in England. Science and civilization revived from the overwhelming surges of barbarism. But again the grand movement was checked by the continued renewals of the pagan barbarians of the north, and the Moslems of the South. The former were successful: the finest portions of Northern Europe came into their possession and with them ignorance and a demoralized social condition of the country. In Italy, and the north of France and Spain science still advanced until the 10th century. Salerno in Southern Italy maintained an eminent position from the 10th to the 13th centuries. Constantine of Carthage, a professor, travelled, like Pythagoras of former times, through Egypt, Ethiopia, Arabia, Persia and India, then under the Caliphs, where the arts and sciences were at their zenith. On the

shores of the Mediterranean the same changes occurred which we have so often witnessed. Commerce introduced wealth, this introduced the arts and sciences, then freedom of opinion was demanded, and the power of the priesthood questioned. They in return called for the military power: then contentions arose between the dignities of the priesthood and new opinions: the society became demoralized and with it the loss of political and religious freedom. The 12th, 13th and 14th centuries were remarkable for great commercial, religious and intellectual activity, and an attempt at reformation in religion. The Inquisition was then established and the wars with the Albigenses. The sacerdotal power became absolute and it was then declared that the practice of medicine was incompatible with the priestly office. Science and philosophy were thus secularized, and the study of medicine became where it now stands. Then the change by the popes followed that of elevating the Cathedral schools into universities, in the 12th, 13th and 14th centuries; they patronized science and literature; the schools of the Moslems and the Greek were visited, and enthusiasm was everywhere kindled in the pursuit of knowledge. Albertus Magnus and Roger Bacon were two of the most distinguished of the mixed scientific and medical authors of the day, the first a prelate high in papal power, and the second a Franciscan priest—both took general and comprehensive views of the natural sciences, including medicine in all its practical relations and accessory departments.

Practical anatomy was restored by Mondino, Professor of Medicine at Bologna. He made two dissections, and published an anatomical treatise with plates. Surgery and medicine were advanced by Arnold de Villeneuve and Guy de Chauliac. Alcohol was discovered by the former. Guy de Chauliac was a representative man—he flourished in 1320, he was a learned surgeon, he had mastered Arabic and Greek literature and his writings constitute a summary of the knowledge of his time. He ranked with the established authorities of science and arts, and the learned of all nations translated and commented upon his works and they were adopted as text books.

The sacerdotal power was irresistible. An attempt was made to assert and maintain religious liberty in the 13th century in Southern France and in Italy; it was extinguished in blood. Then came the time of the Inquisition. Medicine and science did not escape those

free. Roger Bacon suffered the same fate as Galileo two centuries later, and the Inquisition tried Peter de Apono, a physician, for heresy after death, and ordered his body to be exhumed and burned. Then arose the struggle between religious truth and corrupt traditions, between natural and experimental science and the dogmatic theology based on the philosophic speculations of Aristotle; the latter was victorious, science and medicine declined for a century. At the commencement of the fifteenth century commerce revived in Italy and on the shores of the Mediterranean, and with it the arts and sciences. Before the close of this century the Latin and Greek classics were printed, Andreas Verrochio impressed upon artists the necessity to art of anatomical knowledge, de Vinci made dissections of the human body at Vercroia. He was an observant physiologist, a profound mathematician, a skilful architect, a printer and sculptor.

It was an age of immense progress. Commerce extended, society was consolidated, political power began to be developed—an age of large cities—science, art and literature were publicly patronized by rulers and governments. The history of the Medici family of Florence in its relation to literature, science, and the arts, from Cosmo, the *Pater Patrius*, born in 1389, to Leo X, who died in 1521, is the history of what this class did for science in all Italy. Giovanni De Medici left two sons, who with their descendants were distinguished for commercial enterprises, and Cosmo, the elder, surpassed the princes in his magnificent support of literature and science. His grandson, Lorenzo De Medici, carried on the scientific enterprises which Cosmo had begun, and when Constantinople was captured by the Turks he welcomed and employed the learned Greek refugees as teachers of the Greek language, literature and the arts. Leo X, a great sacerdotal ruler—the *Haroun-ur-Raschid* of his era—was the son of Lorenzo the Magnificent, and trod in the footsteps of his ancestors in their patronage of literature. He founded a Greek college at Rome, established a Greek printing press under the care of John Lascaris, who had brought 250 manuscripts for his father from the East, restored the University of Rome in all its departments, and collected all the available talent about him to add to the literature of the times. *This was the age of Leo X.* Here culminated medieval civilization. Its great characteristics are two,—the restoration of

Greek philosophy and literature to Europe and the discovery of the art of printing. Henceforth science was to walk forth independently of kings and priests: with the printing press, it passed into the hands of the people and had now a dominion of its own. On the capture of Constantinople, students flocked from all parts to attend the lectures of the Greek refugees, and thus gave a new impulse to Greek medical sciences. Thomas Linacre in 1484, the founder of the College of the Physicians at London, left Oxford for Florence that he might attend the lectures of Demetrius Chalcoydylas, and became an inmate of the palace of Lorenzo De Medici. From Italy the taste for literature, sound learning and books, came into Europe; Arabian and Greek medical literature became irrevocably European, Amico Foss had completed the great work of translating the Hippocratic writings; and great numbers of authors arose at this period. It may facilitate the comprehension of the character of existing modern medicine to look back upon the devious course we have travelled over, extending over 2000 years. Our first glimpses of medicine show a sacerdotal predominance in Egypt, India, Judea, Phœnicia, Greece, as far as we can see back in history. Fifteen centuries of the Christian era have elapsed, and we find it in the same control still, in the hands of Pontifex Maximus, who is like his Roman prototype, who has held the power for over 1000 years. That power must now yield. Religion is no longer the binding tie of society. The former reformation quenched in blood, has now commenced in Germany on a larger scale. The decline of sacerdotal power commenced in Europe when Luther affixed his ninety-five propositions to the gate of the Castle Church in Wittenburg in 1517.

Let us now in conclusion glance at the history of our profession from 1518, the period of the reformation, to the 19th century. Linacre, whom we have mentioned, proceeded from Florence to Rome to study medicine and natural philosophy, more particularly the works of Aristotle and Galen. He graduated at Padua. Henry VII, and his son, Henry VIII, and Cardinal Wolsey, patronised him. The Bishops then had the power of granting licenses to practice medicine. As this power was abused by licensing ignorant monks and empirics, Linacre, through Cardinal Wolsey's influence, procured letters patent, founding the College of Physicians in Lon-

des, A. D. 1518. He was first president of the college. John Kay succeeded him and founded the Medical College at Cambridge, Eng. Harvey, like Linacre, graduated at Padua, where he studied anatomy, and returning to England discovered the circulation of the blood. This added much to the scientific treatment of disease. Sydenham was another of the great lights in medicine. He graduated at Montpellier after graduating at Oxford. He was forty-six years younger than Harvey, being born in 1624. Several distinguished men arose on the continent almost at the same time. John Riolan of Paris, was the opponent of Harvey, and being the most distinguished anatomist of his time, his influence delayed the acknowledgment of Harvey's discovery. When the medical world accepted that truth, changes were rapid; Malpighi demonstrated the motion of the blood corpuscles in the capillaries. Pecquet discovered the anatomy of the lacteals in 1647. He was a student of Montpellier. All the departments of medical science made great progress. Hence also arose new theories of respiration and nutrition. The philosophers went back to the Arab and Moorish literature and laid the foundation of modern chemistry. The principles of this science were very soon applied to anatomy, physiology and pathology. Paracelsus was at Basle in 1529 teaching a mixture of medicine and astrology. He introduced new remedies into practical medicine, especially mercury and antimony. Van Helmont a century later established a chemical school. In 1659 Willis was eminent in England. He was appointed Sollicius Professor at Oxford. He made researches into the anatomy and physiology of the brain, distinctly advancing the modern doctrine that the brain is a congeries of organs, and especially assigned the cerebellum to the involuntary motions. He held discussion with Descartes, Newton, Leibnitz, Locke, Sydenham and others, and later in the century Hoffman and Stahl. Willis gave all his Sunday fees to religious purposes.

Midwifery originated in 1668 in a treatise by Mastriccon, chief accoucher to Hôtel Dieu in Paris. Surgery was behind the other departments at this time. Richard Wiseman, surgeon to Charles I, was most distinguished.

Carolus Gessart of Basle, laid the foundation of modern Botany in the 16th century. In England Grew advanced vegetable botany and physiology beyond his contemporaries. John Ray laid the found-

ation of Zoology. A very general survey of the state of medicine in the 17th century shows that it advanced more than in any preceding century. It was an age of great progress throughout, but the great event in the medical history was the foundation of the Royal Society in 1645.

Theologians were still predominant in the Universities, and fettered inquiry. Medicine demanded freedom. Politics were discussed with the sword. Medicine sought after truth in peace. Hence it happened during the hottest part of the civil war that the most distinguished members of the profession banded themselves together and organised that most distinguished house of science which has existed for more than 200 years.

Clinical medicine was established in the commencement of the 18th century; the first systematic attempt was made about the beginning of the 17th century by Otto De Houer, at Leyden University. The fame of Leyden as a medical school was now great. In 1701 Boerhaave was elected to the chair of the Institutes or medicine or physiology. He was a representative man. At the age of eleven he read Latin and Greek with tolerable accuracy. He added the study of Hebrew and Chaldee with modern ecclesiastical history and mathematics. He took his degree of Doctor of Philosophy at twenty-one, Medicine at twenty-five; eight years afterwards he was appointed Professor at Leyden; and in 1705 Physician to St. Augustine Hospital, and gave clinical lectures twice a week. He held also the chair of Botany and Chemistry with Theory and Practice. He reduced to order and systematized the accumulation of the preceding century. He was called the Galen, the Ebn Sina, the Parns of the age.

Contemporary with Boerhaave, and like him, the son of a protestant clergyman, we find Mead, educated at Utrecht. He studied medicine at Leyden and graduated at Padua, became Physician to St. Thomas Hospital and physician to George II. He wrote elegant Latin and read Greek and Arabic. He wrote "*Medicina Sacra*." British medicine is closely allied to the University of Edinburgh from the close of the first half of this century. They followed Boerhaave and established a chair of clinical medicine with Rutherford and Monro, the first clinical professors and lecturers on surgery and medicine. Whytt, the Monros and Gregory, were eminent teachers and writers. But the great man of the Edinburgh school was Cullen.

He was the great connecting link between the doctrines of Boerhaave and those which arose during the great revolutionary war. The intimate friend of Sir William Hunter in early life, he commenced lectures at Glasgow on chemistry, from thence he went to the University of Edinburgh in the same chair, in 1763 he succeeded to *Maecus Medica*, in 1768 resigned chemistry to Black, and was associated with Gregory in the chair of Practical Medicine. Cullen, like Boerhaave, systematized medicine. Cullen commenced a compilation of Boerhaave and ended with a great work of his own, now found in the library of almost every physician. Van Swieten in Germany was his great rival. Albert von Haller was writing a great original work on physiology. He used Boerhaave's institutes on this branch, but that year published a work with which we are now familiar; and till the end of this century he was one of the great lights of medicine. When medicine started from a new stand point, literature and science also were developed in grand and similar proportions. Our limited space does not allow us to dwell on the great advances made at this time in all these kindred departments of medicine. Black led the way for the discovery of carbonic acid gas and the laws of heat. Cavendish discovered hydrogen gas, Priestly, oxygen and other gases; on the continent, Bergmann and Scheele were moving in the same onward direction with Gayton, deMorveau, Lavoisier, Berthollet, Fourcroy and others. A new nomenclature was given to the science and it was re-cast from the foundation.

We find therefore that we commence the present century under the most favorable auspices. Chemistry springs from its legitimate source, medicine itself; and modern civilization is almost established anew on enduring principles, and what was before a matter of conjecture becomes intelligible. The means of controlling nature and investigating her secrets were placed in the hands of scientific men. The laws of heat as developed in steam, in manufactures and metallurgy, of electricity and galvanism, and of chemical affinity, have been applied to practical uses in society; and we are furnished with improved apparatus for the development of physical science. Astronomy and meteorology have their appropriate instruments, and great discoveries have resulted from these new investigations and researches.

We are now brought to the period which was briefly considered in the address which I had the pleasure to read before you at the last Convention. It is not my intention to recur to the great improvements which have been made in the science during the present century, nor to dwell upon the great merits and distinguished services of the illustrious men, many of whom still survive, whose names are as resplendent in our medical history as if they sparkled in the constellations of the heavens.

I have given you a brief and imperfect recapitulation of the history of medicine from its origin in man's

"First disobedience and the fruit of that forbidden tree
Whose mortal taste brought death into the world, and all our woe,"

until the present century. The most authentic sources have been consulted, and the great lessons and important facts which are given either in my own or another's language are worthy of being treasured up by the profession. We observe that the progress of medical science, from the earliest era of knowledge, has been the march of civilization—of true philosophy and religion—moving forward harmoniously in the sunshine of prosperity, with the patronage of courts and in the palaces of kings, or when they have been driven by bigotry, ignorance and superstition into mountains and caves for safety, they have been exiles together, until light has dawned upon some other portion of the earth, when they have emerged from their retirement together, to unlock the fetters of human bondage and carry on the great work of man's redemption. The history of the world, as exhibited in the history which we have considered, is but a roll of defunct nations, alike in career and destiny. To the Jewish, the Chaldean, the Grecian and Roman, and all the nations of antiquity in which we have traced our medical history, after they had arrived to the highest point of civilization and dominion, and when the sciences and medicine had advanced to their zenith and were marching forward to their glorious destiny, then came upon them the dark night of decline and subjection.

We have seen, in our history, states and empires slowly emerging from infancy and weakness, and becoming again powerful, consolidating their governments, perfecting their civilization, and then wealth and luxury following in the train of commerce, have pro-

dared the same inevitable results. The fruits of all past labor, the accumulated wisdom of centuries, the vast labors of genius, philosophers, statesmen and physicians have been swept away, and then from the deep gulf of degradation begins the same laborious ascent to greatness, the same descent to deep degradation. The history of the world, we have seen, is a series of ever-recurring cycles of eras of refinement, civilization and power, lost again in the night of barbarism. Go with me to the immortal records of Greece and Rome, when in the days of their glory. That such an age at such a culminating point of greatness should have been attained, to sink into the grave of bygone nations, conveys to us lessons of instruction; but they have not lived in vain. The language in which they are written, like the terms in our art which we derive from the Greek fathers of medicine, are enshrined—on their death has set his seal. The grand and beautiful creations of the poet's fancy or the orator's language, their form and fashion cannot change. "These beautiful creations are like gems in the mine, or crystals in the rock." The materials of our own age and all modern ages are changeable and vacillating to suit the ever-varying taste of the generation on the stage of life.

The names of the philosophers, poets and medical worthies of the civilized eras of those bygone centuries will go down to the end of time, for letters are imperishable—monuments which the remorseless hand of time cannot efface nor destroy. So with the literature of the fathers of medicine. The Greek and Latin languages have enshrined and enshrined her literature, making them classical and enduring for all successive time; it is said the moderns write in swif, the ancients in adamant. What a broad and comprehensive literature has the profession as its inheritance, reaching back to the great Hebrew conqueror; receiving the accumulations of all the ages since that period. What vast learning and labor have been consecrated to its service; in truth it has been associated with all the learning of the successive eras of civilization: and when it required the protection of sacerdotal power, that aid was dedicated to its service, so that it was watched over and protected by God himself.

On a review of its history, says an eminent encyclopedist: "The career of great conquerors and the deeds of destroyers of mankind

wholes are more exciting themes than the destructive doings of those who have preserved more lives than even the most ruthless conquerors have destroyed. The time will come, if modern civilization endures, when the moral grandeur of the medical profession will be acknowledged; then its progress will be felt to be one of the most interesting chapters of the history of mankind.* But the moral grandeur and dignity of the profession is not confined to its noble and time-honored history and its classical and comprehensive literature. It derives additional dignity and grandeur from the consideration of the important field of operations which the profession occupies.

Man, the great and noblest work of the Creator, constituted by him to be lord and sovereign of the universe—to hold dominion and power over all that he had created on the earth. Well might the immortal poet of nature exclaim, what a piece of work is man, how noble is reason; how infinite is faculties; in form and motion how express and admirable; in action how like an angel; in apprehension how like a god; the beauty of the world; the paragon of animals.

This mysterious and wonderful being becomes the subject of our study and the object of our investigation. The entire man, in all his relations, physical, moral and intellectual. The other learned professions regard him as the subject of obligations and as amenable to statutes, human and divine. Contemplating him as an accountable being, they act as tutors and governors in preparing him for usefulness, and in keeping him in the pathway of duty here, and preparing him for another state of existence hereafter, to which this life is merely probationary. In no other profession does the mind set so independently and with such an extended field of operation as in the medical profession. The lawyer has his statute laws as his guide, and is regulated by the decisions of courts of law and chancery. The clergyman has his high commission, and his supreme authority is "thus and thus saith the Lord." But the physician must be governed by general rules of practice and must exercise an independent judgment adapted to the exigencies of the case. The profession regards man in his physical structure, studies the beautiful symmetry and arrangement of the several parts, and the perfect adaptation of the whole system to the conveniences, wants, and the

pleasures of the individual. There was a period when it was thought impossible for man to exist beyond the limits of the temperate zones. The ancients supposed that man could not exist in the torrid zone; that every form of life would be annihilated by the sun's rays, and that the deadly cold of the polar regions was equally unapproachable by man. Geographical discoveries dispelled this error. Man has been found enduring extremes of heat and cold in which no other organized beings are found capable of sustaining themselves. Upon the banks of the Senegal he rears under the vertical sun whose heat causes some fluids to boil, while in Northernmost Asia he exists unharmed beneath a temperature which freezes mercury, and yet he possesses a more subtle and delicate organization than other animals; by the beneficent provisions of his Creator he accommodates and adapts himself to every climate by his physical adaptation to it or such clothing as his reason enables him to employ. The care which the Creator has taken of the human body marks his design on with a sunbeam.

This body is material, subject to disease, decay and death, but animated by a mysterious principle which we call life, a principle self-sustaining, self-acting, immaterial, undecaying, deathless; on the withdrawal of which this structure of beauty, design and strength crumbles into dust, returning to its original elements, it becomes the sport of the winds of heaven or enters into other creations in the economy of nature. The heavens proclaim the glory of God, and may in astronomy bear more magnificent testimony to his power—the wonderful operations of the Deity may be found in the foot-prints of rocks, but the body of man is a field of research, of investigation worthy of the highest intelligences who bow before the throne of the Eternal.

Man, the immortal moral agent, is placed in the midst of a material world, but he is not of it. In his intellectual character he is a reasonable and rational being, and brings the material world under his domain. He wields weapons of such tremendous power that he can produce a panic in the world. He marshals the hosts of men in battle array, and with engines of destruction which his genius has invented he batters down the fortifications of rocks, destroys nations, and transmits his deeds of bravery and heroism to be read by after ages.

By his inventive genius he constructs aerial cars which ascend among the clouds of heaven, and the great ships which make the ocean the highway of nations, enriching commerce, or armed for destruction. He has made the electric fluid subservient to his will in bringing together the regions of perpetual snow and ferid heat, and by his mighty discoveries in chemical science he has revolutionized the civilization of our age. He has penetrated the depths of the earth and dragged forth its hoarded wealth, and from beneath the ocean, the hidden treasures of centuries. By the application of of steam to the mechanical arts, he beats the ocean into foam with steamships, and traverses the land with lightning speed; the steam press scatters his literature over the world; a single machine does the handwork of a thousand men, and like a blind Sampson, it grinds the corn of the people. By his discoveries and inventions in the arts and the sciences, he has erected a magnificent monument to himself, which is as enduring as the history of our race. These are a few imperfect glimpses of human attainments, but enough to exhibit the moral dignity and grandeur of the profession to whose keeping is committed the preservation and healthy action of these wonderful intellectual powers.

With all these exhibitions of greatness and power, how helpless is man in the protection of his own existence; the slightest derangement may produce death, the smallest insect may destroy life; always the child of danger, Death hovers over his helpless hours of infancy, his manhood, and his declining age.

"The lust of hoarding, the pomp of power,
And all that beauty, all that wealth e'er gave,
Await alike the inevitable hour;
The path of glory leads but to the grave."

In our conclusion we propose to consider in the briefest manner, the moral, intellectual and educational endowments necessary to qualify the physician to discharge the high duties of his profession in the age and times in which we live. But what an age is this! It is an age unprecedented in the history of our race—of high civilization, of great discoveries and inventions, of unparalleled progress in our profession, of rapidity in the accumulation of wealth and in the diffusion of knowledge—the era of gigantic rebellions.

The popular watchword is onward, human life is disregarded, and the old landmarks of society are swept away by this headlong and irresistible human torrent, rushing forward to the accomplishment of its ends.

In contrast with this desperate progress of the age, our profession presents a noble contrast. Our progress has been steady and gradual; in the grand accumulation of its literature, in the higher standard of its attainments, it cautiously advances through long and intelligent processes of transition.

Human life, although protected by human and divine laws, can only be committed with safety into the hands of a profession composed of men of high intelligence, of extensive learning. We observe in the history we have given of ancient medicine that one important fact stands forth prominently—that all the great lights in the profession were men nurtured in the schools and educated in the colleges and universities of the day. Hence the researches and discoveries made by them, of which we receive the benefit. With learning must be combined strong common sense, a retentive memory and sound discriminating judgment. He must be impressed that he has an important work to accomplish, requiring intense labor, study and observation to make it useful to the world. He must be a man of large brain and broad sympathies—broad enough to embrace the whole human family. The body must be educated as well as the mind; he should be strong for toil, and capable of enduring the inspiration of the soul. Such men are not usually fanatical, but useful and practical. They do not originate narrow systems and dreamy speculations, but substantial improvements and real reforms, based upon scientific research. The physician of this age must be eminently practical as well as liberal in his views. He must be a sort of balance-wheel to regulate the social system. He must be a patient man in the best sense of the word, a gentleman, kind, courteous, obliging, modest, generous and genial; conceding, forbearing, holding fast and loving all things good; not stubborn, but maintaining a manly independence. Such a man possesses the elements of moral greatness, and will exert a healthy influence over these stormy and perilous times. He will be useful to the profession and to the world, inspiring confidence and nurturing hope, casting light out of darkness and dispelling the gloom which pervades the

chamber of death with the celestial rays which radiate from the great center of light and happiness. His faith will be strong from intelligent research in a system of medical practice which has a literature and history of which the world may be justly proud, being the observations of more than three thousand years, reviewed, corrected and tested by the experience of men of the greatest learning in the profession, men of profound research, and the discoveries in science and the arts during this whole period of time, of all the scientific men who belong to our brotherhood. And the march of improvement must still continue to be upward and onward. Constant contributions are being made to its literary wealth from the scientific researches of its hundred colleges and universities on both the continents, and by the observations of the thousands engaged in the practical duties of the profession. Higher standards of excellence and greater perfection in all the departments of medicine will yet be reached. These considerations will encourage every member of this venerable Society to do his whole duty in that noble cause to which he has dedicated himself during his brief day of labor; and in the consummation of this material world,

"When the cloud-capped towers, the gorgeous palaces,
 May, the great globe itself shall be dissolved,
 And like the baseless fabric of a vision,
 Leave not a wreck behind!"

We shall survive this wreck of matter and this crash of worlds. But the labors of our profession will have terminated with the annihilation of disease and death, and man's restoration to Paradise. The profession will then rest from their labors and enter upon the reward of enduring faithfulness to suffering humanity.

ARTICLE XIII.

LOGIC APPLIED TO MEDICAL SCIENCE,

Being the third Lecture read before the President, May 23d, 1832.

BY JAMES C. JACKSON, M.D., OF HARTFORD.

Mr. President, and Fellows of the State Medical Society—

GENTLEMEN :

At the very threshold of all medical investigation, whether we consider it theoretically in the light of a science, or practically in the light of an art, stands the imperative necessity of some well considered plan of procedure in the solution of the intricate problem proposed to be solved. No leader of a military campaign can expect little but defeat and disgrace, who blindly enters the territory of an enemy without some idea of the obstacles he is likely to encounter, and without some thoroughly conceived plan of strategy by which he expects to vanquish his foes.

The most attentive observer of the planetary worlds above us must remain in profound ignorance of the wonders exhibited in the heavens, the changes that occur, the disappearance and return of stars, without the aid of a similar process. So in medical science it is equally necessary to a thorough comprehension of all its details, and to render it in the highest degree practical to the conservation of the public health and the cure of disease, that we should go beyond mere observation and empirical laws to a higher and more thorough conception of medicine as a science. Medical men seem, in most instances, to have been unaware of the steps they have themselves adopted in their investigations, and failed to comprehend the conclusions at which they have arrived in their inquiries, because they possessed no rules by which to be guided. Nevertheless, it is evident some logical mode of proceeding must

have been taken to have arrived at any rational plan of procedure in the treatment of disease. The thought has, doubtless, often occurred to us all, whether the conclusions we have made in our medical problems may not have been erroneous and our deductions fallacious, in consequence of some element which may have entirely escaped our observation, and thus rendered our whole theory false and our practical deductions incorrect.

It must be apparent to us all, how difficult would be the task to erect anything like an exact science from the materials we possess, or to reduce them to strict logical rules—still, if any mode of investigation can be made subservient to a more correct observation of facts, and a higher comprehension of the problems of medicine, a higher conception will have been attained, which may be turned to some practical account.

The mode of obtaining the results we thus have in view must be acquired by the "application of certain rules and principles of logic, to the study of medicine."

"Our aim," says Oesterlin, whose general plan I have adopted, "is a practical one—to show clearly and impressively the mode in which we must proceed in our observations, investigations and conclusions, in order that our Theorems and Problems may become more clearly intelligible, and that we may arrive at experimental truths and definite laws in our department of science, as well as at scientific principles of practice."

The practical physician, evidently, can have no intuitive knowledge of the nature of the occurrences that fall under his observation beyond what is common to all phenomena in every science throughout the whole domain of nature. His first useful step must consist in observation of facts as they are presented in these occurrences, and the effort to reproduce certain phenomena or attain certain results artificially, or, in other words, by experiment. In the beginning, his knowledge must necessarily be very imperfect, his experiments unsatisfactory, and his inferences quite uncertain. He has to deal with results, the primary causes of which are as incomprehensible to him as the changes of the seasons, or the successive variations of temperature from the cold of winter to the heat of a summer's day, to a child. He observes, for instance, a disease, but knows nothing of the condition of the human organ-

how or through what peculiar changes it passes from a condition of health to that of disease, or through what process it again returns. The fact falls under his observation and must in some manner be connected with a cause, governing condition and laws; the process of which it is the prerogative of the theorist to develop and explain. So also of remedial agents; he knows nothing of their essential properties, or in what peculiar manner they operate upon the vital processes, or what combinations they effect with the elements of the system, to procure a state of health.

The early history of medicine, and indeed its later, to a very great extent, has scarcely made any greater pretensions to a science than a mere accumulation of facts and observations. The laws that govern the phenomena we observe, or the essential conditions of their existence, course and cessation, we know, as yet, comparatively nothing. Believing, however, as we do, that no occurrence or phenomenon in nature, whether recognizable by our senses or not, is devoid of an adequate cause, essential conditions and laws of progress, we are led to infer that a science may be developed in medicine, and that our views and hypotheses may be reduced to finally established laws, or, in other words, to a system.

What holds good of observation in medicine, holds good also in other sciences. Our ancestors, for instance, and the uncivilized inhabitants of all countries and ages, have been critical observers of the winds and weather, and have watched for ages the changes and course of the heavenly bodies without gaining any real insight into their connection with, and control over, the changes of the weather, or the laws of motion that govern them in their orbits, or indeed of their distances from us, their diameters, their density, specific gravity, &c. So with observers in our own department of science, with all their observation of the phenomena in the human organism, its progressive changes from one condition or state to that of another, in all the past centuries, have they acquired any just and scientific knowledge of their real essence—a result never to be attained by observation, experience, or experiment, either in the way of ascertainment or persuasion, or by autopsy, or by the aid of the microscope or the crucible. These empirical facts, however, notwithstanding their inability to furnish us with

an edifice already finished and complete, are of incalculable value to us, as the first step, the raw material out of which we are to construct our future edifice. While standing in the midst of our materials, collected together in the greatest abundance, let us not commit the error of mistaking the beginning, for the conclusion of our task. "It is not the heaping together of individual facts and experiences, but the understanding of them, that constitutes knowledge," and it is because investigation has ceased at this point, that medicine has made no further progress, and is so far behind other departments of science.

We have only one mode of acquiring a sure understanding of any natural process, as a disease, or the *modus agendi* of a remedy; this is by bringing these phenomena and processes more thoroughly within our comprehension. We must strive to ascertain the conditions of their origin and effects; learn their mode of progress, or in other words, to trace their causal connection and reduce them to a system of fixed laws. We must establish in our minds a theory, by the aid of which we can reason systematically and consistently concerning them, and be able to offer scientific demonstration of the correctness of our views. When such a step has been attained, and we are able to demonstrate agreeably to the conditions of our theory, the causal connection of any phenomenon whatever, we have established, in this particular instance, a science. Who of us, let me here ask, has not often felt his whole intellectual nature reaching out beyond the simple observation of facts, as they are ordinarily presented, to a more profound contemplation of their origin and laws. Not satisfied with the simple consciousness of their existence, we instinctively strive to master and comprehend the conditions of their connection and laws. The observer of any natural process, whether animate or inanimate, as a function or a disease, a rising tide, or the variations in the barometric tube, is urged by his very nature to an explanation of its cause. Thus the so-called practical man or empiric, whether he is conscious of the intellectual process or not, is compelled to form some idea of the phenomena he observes, and consequently theorizes concerning them, for to theorize is simply to reflect.

From what has already been shown, the fact necessarily forces

itself upon us, that no theory can be established in medical science without correct and comprehensive observation of facts and experience, for these are the material out of which our demonstration is to be elaborated; we may theorize over simple abstractions, and make no progress, because there is no foundation in fact or experience upon which we can ground the fundamental step of our investigation. Every theory must necessarily be firmly based upon experience if we expect any genuine progression, otherwise all our inferences and deductions are mere visionary speculations—"the baseless fabric of a dream."

Now, again, on the other hand, can we institute any scientific plan for the treatment of disease, without first having established in our minds, some idea of its cause and the condition of its progress. Indeed it is impossible to take the first step in our art, without first forming for ourselves some notion of the causes of the vital phenomena and processes in any given case, or adopting those furnished us by others. Thus we must admit that all our artificial attempts and operations, or in other words, the practice of medicine, is the result of theories more or less detailed and comprehensive. "For our practice," says Oesterlin, "is after all but the more or less conscious application either of our general views or those furnished us by others, i. e., we take the principles and generalizations deduced from certain individual experiences and cases and apply them to any given case: So we estimate this individual case and treat it conformably to the views and theory specified, because without some such '*a priori*' groundwork for our operations, we could neither form a correct notion of it, nor treat it consistently."

Before entering upon any specific details of the steps to be adopted in our investigations, let us again repeat that it is not our object, because not yet in our power, to establish from the materials we have already collected, a system of laws sufficiently comprehensive and fixed to prove the problems under consideration. It must not be expected that I shall erect a system so perfect as to leave no labor for others to perform, or any system at all, but simply to indicate the manner our investigations must be conducted, in order that we may approach nearer the great first principle that lies at the foundation of our department of science.

In the first place, then, let us consider the problems of medicine in a logical point of view, with reference to the possibility of solving them. Also the topics and questions, both as a science and an art, with which logic has to deal.

To facilitate the fulfillment of the object we have in view, and gain an insight into the means by which we are to accomplish the task, we must first consider the phenomena and modes of occurrence, or in other words, the objects themselves, whose investigation and comprehension it is our aim to effect. Before, however, we can enter upon the processes through which the human mind must pass in its investigation into the phenomena and processes of our department of science, we must first ascertain and fully comprehend what it is we propose to observe, investigate and determine.

Again, we must ascertain what are the phenomena and processes to be determined, and learn their nature, condition and causal connection. If we possessed in the investigation of any problem in therapeutics, we must ascertain its nature, progress and influence, before any definite proposition can be offered; and besides, we must scrutinize carefully every modifying phenomenon which can in any manner influence the methods of our investigation.

Medicine may, agreeably to the views here entertained of it, be divided into scientific and practical. The precise object of the latter, is the prevention or the cure of disease, and the maintenance or restoration of health. The former, is the comprehension of all that relates to the invasion and progress of disease, also its period of convalescence and final cure. It demands a full comprehension of all the changes that occur from the commencement of disease till its full restoration, and its principal object is to demonstrate the causal connection of all its phenomena and processes from scientifically accurate observation and experience. "Medicine," says the writer we have before quoted, "can only be regarded as a science in so far as it demonstrates, or attempts to demonstrate, the natural and regular connection of the phenomena and processes that are presented to our notice, and then gives such explanations and advances such propositions in relation to these, as are founded on experience." As an art, it speaks in the imperative, demanding what we shall do and what shall be done in order that we may

accomplish the end we have in view, which is the prevention or cure of disease. As a science, it speaks in the indicative, setting forth certain propositions and substantiating them by accurate demonstration of the causal connection of all the phenomena and processes presented to us for our investigation. Again, the prevention or cure of disease presupposes a scientifically accurate knowledge of remedial agents and their therapeutical application. As an art, it calls for the administration of all available means in our power which can aid the restoration of the living being to a state of health. As a science, it sets forth its propositions with reference to the nature and essential properties of remedies, and theories upon the changes effected and the manner by which they are effected. Again, in order to make a practical application of the conclusions reached, it becomes necessary to possess a knowledge of man and his wants—what agencies and influences, either of things external to the body or within the organism, cooperate to produce a state of disease, or, on the other hand, the restoration of health. But how is all this knowledge to be acquired? We must fall back to the fundamental source of all our information and learn, by observation and experience, their essential nature and mode of development, or in other words, their causal connection with the external world and with each other. "All this knowledge, necessary for practice, it is the province of medicine as a science to impart. In order to promote this object, all the principles or doctrines of scientific medicine must not only be correct in themselves, i. e., conformable to truth, but they must at the same time be such that practical medicine can with certainty deduce from them, its rules and precepts."

Medicine in its infancy was something very different from what we have been describing in the foregoing remarks. It had its origin in the necessities of mankind. Disease and consequent suffering demanding some immediate means of relief, resort must have been had to the simplest rules of empiricism; what had been observed to be followed by recovery in a single case, whether any connection in the whole process could be traced, sufficient to warrant the belief that they stood in relation to each other of cause and effect, might be employed in other cases of a similar character. Thus all medical knowledge necessarily consisted in a collec-

tion of a few practical rules and precepts for the prevention or cure of disease. This was all that the sick demanded of the physician; his wants extended no farther than relief from his sufferings and the return of health. It was the imperative, that his case required, and made an impression corresponding to the vacuum of the precepts of the physician's art. His wants did not extend to the rationale of the process by which he had been restored. It was sufficient for him that the realization of his wishes had been attained. The practice of medicine was generally confined to the Priesthood, as comprehending the wisest men of the nation; they were employed simply to relieve and restore, not to understand, and demonstrate the process through which recovery had been effected.

The time, however, arrived, when the minds of men became dissatisfied with the results of mere empirical laws, and the desire was excited to gain some further insight into the ultimate causes of their observations and experiences. Instead of attributing every phenomenon in nature to the agency of the gods, they strove to advance from the point of observation and belief, or opinion, to a true perception, and through this perception, to a more perfect practice. So in all sciences, I think, we shall discover art to have preceded science, and observation and experience, true comprehension.

In order to determine what phenomena and processes must be regarded as the legitimate objects of our investigation, or the problems to be solved, we must confine our attention to the present state of medicine as a science.

1. A thorough knowledge of the living human body must constitute the fundamental object of our investigation—for in it, occur all those processes and changes which we call disease or pathological, equally with those that we designate health, or physiological. Both processes occur in the same organs and in the same substances, and our inquiries concerning both, are essentially the same, for no demarkation can be indicated where the one ceased and the other commenced, because none is fact existed. In order, however, that we might comprehend the former, and consequently be able to learn and compare the laws that govern the processes in both, it became necessary that both should be investigated in connection.

To facilitate this end, it became necessary to study the organism in its material or anatomical form, and at the same time to learn its elementary or chemical constitution. This was the initiatory step to the perception of the functions, or the part played by them, in the vital processes, and was therefore an important advance towards a higher state of comprehension.

As all other natural sciences must be investigated and the laws that govern their phenomena and processes determined; in like manner must the laws that control the phenomena and processes in what we call disease, be investigated; and if, as we have before intimated, no line of demarcation can be drawn between the state we call pathological and that we call physiological, no change in the mode of investigation becomes necessary, beyond that required by the changed condition of each.

II. Having pointed out, to some extent, the substantive elements of the objects of our investigation, let us next consider the relation which the living organism bears to the external world. It cannot escape our attention that the organism must be sustained by influences external to it. The air we breathe and the food we eat, bear essential relations to the continuance of the phenomena of life, both in health and in disease. Here also we discover a similar law, to that which we have before referred, "that an exact boundary can no more be drawn between a healthy and a diseased state, than between the beneficial and fostering, or pernicious influence of external agents upon the living organism." The fact that the same external agent may at one time be beneficial, and at another prejudicial to life, produces no change in the agents themselves; they still follow fixed and definite laws in their manifestation and action.

III. The same plan of investigation must be adopted in our study, into the properties and modes of operation of all the medicinal agents we employ in the care of disease. Before they can be applied to such purposes, we must learn their properties, mode of operation, and effects upon the living body.

Let us in the next place consider the methods and means by which the physician endeavors to acquire a perception of natural phenomena and processes from the study of their condition and laws.

From what has already been shown, the inference will readily be made, I think, that no special mode of investigation need be adopted in the mental process of our inquiries beyond what is employed in the investigation of any natural process whatever. If no line of demarcation can be fixed where the condition we call health ceases and that we call disease begins, any more than we can define the boundaries between the various meteorological phenomena which constitute good or bad weather, we shall be compelled to assume that the condition we denominate disease is a natural process, and must be submitted to the same mode of investigation as we do all other phenomena in the study of nature. Again, if we assume that no difference exists in the rules to be adopted in the study of physiological and pathological conditions any more than in any other natural process, that both are subject to the same conditions and laws, we shall be compelled to acknowledge that the same rules hold good in all the processes in the living body; and if those we call *vital*, manifest themselves conformably to definite and fixed laws, the same principle must apply to all those to which we give the name of disease. And again, if it is fully established that the agencies and influences of the external world act in the same uniform manner, whether resulting in the production of disease or in its cure, it follows as a matter of necessity that all the effects of these influences and agencies in the living body depend upon certain specific changes in some of its tissues, organs or processes. Hence it appears that these changes are governed by the laws of action of external agents and influences on the one hand, and by vital laws and processes on the other.

Having once established the similarity of the phenomena and processes which it is our province to investigate, we must perceive that the mode of our investigation must be essentially the same as in all other departments of science. And since it is impossible to acquire a complete comprehension of certain phenomena and processes in other sciences by simply looking at, or observing them, so it is with the phenomena with which we have to do. Still they are of such a nature that we may hope, sometimes, to arrive at a comprehension of them by a systematic and logical investigation.

It has before been intimated, that all our knowledge must have its origin in observation and experience, and must be appreciable

to our senses; it therefore becomes requisite that our examination should extend to every particular phase of the object of our study. All this, however minute, is inadequate to give us any real insight into, or comprehension of, its real nature. All we thus acquire is, that it exists and possesses certain properties appreciable to our senses, though the mode of their occurrence, or, in other words, their causal connection and laws, are still incomprehensible to us. If we refer to the science of Astronomy for an example, we shall be convinced that all the astronomers in the world could never have gathered, by observation merely, any knowledge of the laws of motion that govern the heavenly bodies, had they watched the stars, night after night, as they rose and set, any more than the uncivilized nations have done, to this day. The physiologist, by mere observation of respiration in an animal or exhalation in a plant, could never comprehend the process. The same holds true in the phenomena noticed in watching the effect of drugs; we often observe the cure of intermittent fever following the use of quinine; hiccoughs, the use of iodoine; but it is impossible to say in what manner, or by what means, they were effected.

The observation of any phenomenon must be accompanied by a thorough examination and study of all modifying circumstances which can in any manner have affected its development, in what order they occur, follow each other and terminate, in reference to time and space; in other words, learn their causal connection, together with the modifying steps, and all, in conformity to fixed and definite laws. When all this has been attained, the requirements of science will have been fulfilled.

ARTICLE XIV.

VINDICATION OF ARMY SURGEONS.

BY ABNER WOODWARD, M.D., SURGEON 10TH REGT. CONN. VOLS.

[Read before the Convention, May 28th, 1863.]

THE charges of incompetency brought against the medical officers connected with our Volunteer forces, have been reiterated loudly and often. War found the Nation unprepared. At the call of patriotism, more than a million of men rushed to arms. For many years the land had been at peace. No preparation had been called forth by previous conflicts which enabled the Government to bring into the service of the country tried and experienced men. Officers like pirates were drawn almost wholly from peaceful pursuits. Men unfamiliar with the alphabet of war were assigned at once to positions of high responsibility in the army.

When immense armies like those now engaged in the service of the Republic, are suddenly extemporized, it is preposterous to demand the highest order of efficiency at the outset. The science and the art of war are to be learned through the lessons of painful experience. Two years of conflict have not passed unimproved. While the people have gained immeasurably in strength of resolution and moral stature, our volunteer forces have also been moulded into well disciplined and formidable armies. The nation daily has less reason to complain of her officers, because the experiences of every day are more thoroughly fitting them for the duties of their positions.

We should naturally expect greater efficiency in the medical department of our army than in any other. The transition from civil to military practice, is far less abrupt than from the bar, the counting-house, or the legislative assembly, to the command of companies, regiments and brigades. A majority, at least of the

younger members of the profession, have been educated in excellent schools, and enjoyed the advantages of observation and study in the best appointed hospitals. Extensive acquaintance with the theory and practice of medicine is now required by our medical schools, as an essential preliminary to graduation. The standard, both of professional and general culture among the present physicians of the country, is unquestionably high.

While few men of wide experience and acknowledged skill, particularly those with families dependent on them for support, can afford to exchange the lucrative practice of large cities, for the comparatively small compensation paid to surgeons in the service of the Government, it is nevertheless true that no small number of the most skillful and honored members of the profession, have been constrained by motives of patriotism and humanity, to leave the enjoyments and profits of domestic life to minister to our suffering soldiers in the field. Discarding considerations of comfort and emolument, they have responded with alacrity to the higher call of their country. Others equally worthy have been deterred from the same course only by convictions of duty to their dependent families.

The War Department does not tempt surgeons to join the medical corps by appealing to their ambition or love of gain. It provides for only one Brigadier-General, two Colonels, and sixteen Lieutenant-Colonels in the entire Medical Department. In other departments men of less education, less experience, and assigned to the discharge of far less onerous and responsible services, are rewarded with much higher rank. In the last Congress, an attempt was made to establish a line of promotion for efficient and meritorious army-surgeons, but the project was frowned down after eliciting from members, numerous expressions of derision and contempt. Hence, high principle is the only motive appealed to, directly or indirectly, to summon physicians well-established in civil practice, to accept of positions in the medical staff of the War Department.

The efficiency of any corps depends in no small measure upon the standard of qualification required for admission to its ranks. When the first levies were called into service, the regimental surgeons were not generally subjected to any form of examination. As the troops were raised and officered hastily, many incompetent

men found their way into positions of importance, where their deficiencies in knowledge and skill soon became apparent. To obviate this evil, Medical Boards were organized in a number of States, for the purpose of examining all candidates. Wherever the boards discharged their duties rigidly and impartially, the troops were furnished with thoroughly qualified surgeons. In some States, however, many months elapsed before this bar was raised against the promiscuous admission of applicants. In others, it is said, the judges were selected from political considerations, and were themselves unfit for their responsible tasks. In such cases, appointments were sometimes made in the interests of political or social favorites, and not with exact reference to the merits of the candidates. Notwithstanding such occasional deviations from the path of strict justice, a large proportion of the men at present connected with the medical staff of the army, are surgeons of science and skill, capable of discharging with credit to themselves and advantage to the service, the arduous duties which devolve upon them.

If any class of persons deserve to receive the ministrations of the best medical talent of the land, it is the brave soldiers who have relinquished a thousand familiar comforts, and exposed themselves to perils innumerable for the preservation of the country. We are happy to be able to state as our settled conviction, that sick soldiers receive as good treatment in our general and regimental hospitals at the seat of war, as they would at their own homes. Some salutary influences are of course lacking. Nothing can be substituted for the ministrations offered by the hand of affection, in the bosom of the family. There are in the simple presence and kindly offices of those nearest to the sick by the ties of nature, a moral efficacy that amounts to no less than a healing power. But to such deprivations, officers and men submit uncomplainingly. It is what each one must expect in a time of war, when the resources of a nation, in the medical as well as in all other departments, are taxed to the utmost. The soldiers are well prescribed for and carefully nursed. Hygienic conditions are as fully observed as the exigencies of the service will permit. Whatever is inevitable, our troops endure as brave men should.

Popular impressions with regard to the peculiar duties of the army-surgeon, are for the most part widely at variance with the truth. Many imagine that he is chiefly occupied in amputating limbs, probing gunshot wounds, extracting bullets, sewing up sabre cuts and dressing bruises. They always picture him as busy with the implements of his art—hardly less terrible than the weapons of the enemy. Operative surgery, however, furnishes but a small proportion of the cases which he is called upon to treat. In the army as well as out of it, the time and energies of the medical department are mainly devoted to the treatment of diseases. In many regiments and brigades, less than five per cent. of all the patients taken to the hospital, require surgical assistance. The well being of the sick, therefore, depends on the skill of the physician as a practitioner of medicine. His duties in the camp are for the most part similar in character to those which absorbed his attention while engaged in civil practice. All the information acquired in the previous rounds of his labor, every case carefully studied and skillfully managed, helped to contribute the very capital most needed in his new sphere of action. Hence it will be seen that the transition from civil to military practice in the department of medicine, is far less abrupt than is generally believed. One is the stepping-stone and fitting preliminary to the other. While in other departments—from the immense magnitude of our armies and the necessity of taxing heavily the intelligence of the land to find the men fitted by nature to guide its movements—many officers, drawn from the common pursuits of life, are confronted with strange responsibilities and brought face to face with unfamiliar duties, the surgeon on the contrary is perfectly at home from the start. This fact furnishes strong presumptive evidence at least, that the obligations devolving on the medical staff are likely to be met with more promptitude and discharged with more efficiency than in almost any other branch of the service.

The operations of the Federal armies extend over so broad an area, embracing such vast diversities of soil and climate, that surgeons in departments distant from their homes, are continually confronted with new forms and modifications of disease. The malarial poison in the fertile districts bordering on the Mississippi constitutes a prolific source of mischief, with the phenomena of

which practitioners from many sections of the country have had little practical acquaintance. It not only gives rise to a specific class of fevers, but also oftentimes impresses a peculiar character upon a great number of the maladies to which the human system is subject. Other subtle peculiarities of atmosphere arising from the action of the excessive heat upon the rich acres of the South, and from a variety of insalubrious telluric agencies, likewise modify the type of familiar troubles. It is obvious that the practitioner must vary his accustomed modes of treatment to meet adequately the responsibilities of his new situation. A dull, lifeless routine would betray him into constant errors. Quickness of discernment, promptitude of decision, accuracy of judgment, and skill in applying established principles to new cases, are all essential to success. The more fully the surgeon possesses these powers the more useful he becomes in the distant departments of the army. Even the most sagacious, however, cannot in the few months of their sojourn in remote and insalubrious localities, overcome all the embarrassments incident to the situation. Hence the transference of medical men from one part of the country to another, imposes difficulties upon them which may temporarily impair their efficiency. Other things being equal, the physician is more certain of success on his own territory and amid familiar surroundings.

Lead complaints have been made, and not without a show of reason, that after engagements, amputations are often recklessly performed by unskillful and inexperienced men. It is asserted that many are thus needlessly maimed for life. We do not deny that the charge in some cases is well founded. In the early stages of the war, before the medical corps had been thoroughly organized, important operations were undertaken with much less discrimination and forethought than at present. But with the growth of experience, every possible precaution has been adopted to prevent unnecessary mutilation.

The percentage of mortality following grave operations, is considerably heavier in our military hospitals than in civil practice. Yet this fact by no means justifies the conclusion that the army surgeons are to a corresponding degree, less judicious and skillful. They are beset by extraneous difficulties which often thwart their best efforts to save the wounded. Embarrassments peculiar to

their position, crowd upon them heavily. When from injuries or disease it becomes necessary to operate upon a patient at his own home, or at the hospitals of our cities, it is almost always practicable to bring him by diet and medication to that condition of body best calculated to prepare him to meet and survive the shock. On the battle field the case is far otherwise. When hundreds are falling, a medical staff, limited in number, cannot examine each subject with exhaustive thoroughness. Scores require immediate assistance. Great quickness of judgment and celerity of movement are demanded. It is one of the unavoidable ills of war that the wounded are subjected to extra pains and extra perils. They are often stricken down when exhausted by protracted hardships, or when the vital fluids are impoverished by unwholesome food. Not unfrequently the sufferer lies for hours upon the field of carnage before relief reaches him. The sun or the storm may beat upon him, increasing his tortures, and making heavy drains upon the vital forces. The length of the interval between the injury and success—the accidents of heat, or rain, or shelter—may decide the issue of life or death. Over such contingencies the surgeon has no control. He receives the wounded as they come. Any reasonable person must perceive at once, that operations performed under circumstances so disadvantageous, must involve unusual peril. If failures occur when knowledge and skill have exhausted their resources, let them be assigned to their true causes. Let them not be made the texts for senseless vituperation.

Again, the duties required of the surgeon, if faithfully discharged, often times bring him into disrepute with the men. Some of these duties, as stated in the Revised United States Army Regulations, are as follows.

"At Surgeon's call, the sick then in the companies, will be conducted to the hospital by the first sergeants, who will each hand to the surgeon his company book, a list of all the sick of the company, on which the surgeon shall state who are to remain or go into hospital; who are to return to quarters as sick or convalescent; what duties the convalescent in quarters are capable of; what cases are *figned*, and any other information in regard to the sick of the company he may have to communicate to the company commander."

The surgeon's decisions upon all these points are supreme. There is no higher tribunal to which the soldier can appeal. In passing judgment, the conscientious surgeon must stand faithful to the government on the one hand, and do impartial justice to the applicants for relief on the other. It is his duty to see that the service is not fraudulently deprived of the time and efforts of the soldier under pretense of sickness. He is equally bound to see that the really sick are not returned for duty. If a doubt exists in his own mind as to the fitness of the person under examination for the discharge of his appointed services, he almost invariably allows him the benefit of the doubt. In this way, all injustice is avoided.

Many present themselves as on the sick list, not because they are actually laboring under disease, but because they wish to shirk the labors required of the well—in short, to impose their own share of guard and other duty, upon their comrades. The surgeon readily discovers the deceit and of course thwarts its purposes. The dishonest and lazy soldier is sent to his appointed task. He seeks revenge in denouncing the officer who has frustrated his schemes and tacitly exposed his duplicity. In conversation, in letters to friends, and not infrequently in communications to the press, he gives ventilation to his rage. The surgeon perhaps is denounced as a tyrant and an imbecile, and in the minds of the thoughtless, prudent sympathy is excited for the victim of his imaginary cruelty.

Not are the cowards and the shirks who seek to avoid their duties by claiming the privileges allowed to the sick, as rarely met with as we might hope. When men are taken promiscuously from the community, and removed from the restraining influences of home and society, they too often fall to a lower plane of morality and aspiration. While many—to their credit and to the glory of our common humanity be it spoken—encounter the hardships of the service unflinchingly, meet dangers with unflinching courage, and bear sufferings without a murmur, others never rise to the level of true manliness. Fertile in low expedients, ingenuities in fabrications, and dead to the impulses of generous pride, they confine the exercise of ambition to the contemptible task of securing safety and ease. Such individuals have little respect for justice in the abstract, or for justice embodied in the persons of their super-

rices. Supremely selfish and hopelessly debased, they stand ready to reward with empty plaudits whoever will wink at their deceptions, and to condemn in terms of unmeasured abuse the officers who counsel them to discharge their duties. A few men of this stamp in a regiment are capable of doing great mischief. "One sinner destroyeth much good." The leaven of falsehood works with hardly less potency than the leaven of truth. Lies, persistently stuck to, and industriously circulated, seldom glance altogether from their victims, without leaving a mark behind. All officers are liable to be wronged in this way, and surgeons peculiarly so.

Able bodied soldiers, laboring under no trouble unfitting them for the service, often beseege the surgeon to obtain assistance in procuring discharges. After giving them a thorough examination, he declines to become a party to any such scheme. The disappointed applicant takes revenge by denouncing the officer who has frustrated his villainy. Detest friends are written to, and their sympathies enlisted. Where numerous coteries, scattered here and there over the land, accept one-sided testimony for truth, the aggregate of falsehood thus believed and of injustice thus done, swells to fearful dimensions. The writer is happy to say that little of this querulousness and fault finding, has fallen under his own observation. Extensive inquiries, however, have adduced a large amount of concurrent testimony—all tending to show that faithful surgeons as well as other officers have for the time being suffered in reputation, from the mis-statements of soldiers whom they have balked in their attempts, either to evade their duties, or to escape from the service. It is this complaining, petulant, excrement portion of the army, including occasionally officers as well as privates—men who nowhere and never, even under the most favoring circumstances, discharge with zeal and alacrity the duties of a soldier—a class of persons with which every body of troops is more or less scourged; always a trouble in the camp and a burthen upon the hospitals; it is from such and such alone, that the careless and faithful surgeon suffers in reputation.

But it is fortunate for our cause, and it will redound to the everlasting glory of the land, that our armies are composed mainly of earnest, honest and patriotic citizens, who treat their friends as

they fight their enemies, with a stern regard to justice. Contending not for conquest but for national unity; striking not to injure or oppress their fellow-countrymen, but to bring them back to allegiance and the full participation in equal rights; impelled by the loftiest motives to exchange the familiar implements of toil for the weapons of war; they are, from innate nobility of nature, rendered still more noble by frequent deeds of self-sacrifice and heroism, both generous to fallen foes and true to one another. They properly appreciate the efforts of impartial and faithful officers in all departments of the service. No one is in danger of injustice from the sturdy men who constitute a large majority of our army. Ready themselves to meet with fortitude every requirement of the service, they are also ready to respect and honor every officer who manifests the same qualities in the discharge of his obligations.

The army is the best school for the improvement of surgery, that the profession has had in any age or country. Surgery hardly existed in a form worthy of the name, on the Western Continent, till the protracted struggle of England and the Colonies against France, educated warriors to great skill in this important art. The Revolution also, following closely upon the heels of the campaigns that for a long period were almost annually renewed along the frontiers, had a most salutary influence in elevating the profession in America to a far higher standard of excellence than it had succeeded in attaining before. The same general principle has been equally true of other nations. The advantages thus accruing to medical sciences, constitute one of the few ameliorating and beneficial concomitants of war. When the dark clouds which now overhang our own beloved country break away, when peace returns to our fields and firesides, God will no doubt teach us, in his own good time, the wise and beneficent ends to be wrought out eventually through this terrific tragedy. Meanwhile, each in our own sphere, let us perform the duties allotted to us manfully, and with humble trust, leave the results with Him.

CAMP PARAPET NEAR NEW ORLEANS,
April 15th, 1862.

ARTICLE XV.

CALOMEL IN SCARLATINA.

BY EBERHARD K. WEST, M.D., OF HARTFORD.

[*Read before the Hartford County Medical Meeting, April 29, 1893.*]

IN calling your attention to the topic suggested in the above title, my object is not to claim for Calomel a specific virtue in any of the various forms or manifestations of Scarlatina; much less to affirm that it will rescue from the grave, those on the one hand, who are overcome as some apparently are, by its terrible onset, nor on the other, those who suffer from its many dangerous sequelæ.

It is rather to contemplate some of the benign and salutary effects which this agent is believed to produce when early and judiciously employed, upon the character, course and termination, of this very peculiar, and always dreaded disease.

Theoretically, we regard it, like other contagious diseases, as originating in a virus in some way received into the system if not developed therein, whose presence gives rise to a series of morbid phenomena which usually pursue a course extending through about seven days; leaving, some times, only the languor and prostration which must inevitably ensue from its slightest reactions,—and at others, those ravages more or less formidable which might rationally perhaps, be expected to follow the sudden and violent perturbation which too often marks the course of the malady.

The practical question which it is proposed to consider is, whether, by the timely and judicious use of Calomel, the phenomena referred to may not be conducted, not to a speedier, but to a safer and more auspicious conclusion.

It is unnecessary to say, that its use need not interfere in any wise, with that of other medicinal agents which the exigencies of the case may at any time require, but should rather concur with

other appropriate means, while the process of elimination is going on, to equalize and restrain violent arterial action, reduce the extreme heat, and control undue nervous irritation; all of which usually exist in greater or less degree, and involve risk of damage to some portion or other of the delicate machinery of the body, as well by their direct and positive consequences, as by the weakening, and increased susceptibility of organs and parts, necessary, if not to life, at least to the healthy and proper performance of highly important functions.

Indeed, I should regard the same principle involved, and its applicability equally clear, in numerous other forms of disease where Calomel is used to assist in controlling inflammatory action, promote secretion, and maintain the healthy action of all eliminating surfaces and bodies.

The importance of accomplishing these latter objects, we shall more fully realize, perhaps, by recurring briefly—first, to the office of the glandular system, as well as to the anatomical constitution of the organs themselves which form it. All of them, as is well known, are highly vascular, being made up to a great extent of blood vessels, tubes to convey away the products of secretion, a parenchyma little more than sufficient to hold them compactly and securely in their places, and nerves, to provide over and control their respective functions. Though they all, doubtless, have their seasons of comparative activity and rest, it is probable that none of them, in a state of health, are ever actually quiescent; while the collective products which it is their province to secrete and discharge, are known to be both large, and in the case of many of them, highly complex. Its importance may be further remarked, by calling to mind the fact, secondly, that the retention in the system, of many of the products eliminated by glandular action, is in its results, the same as introducing through the stomach or any absorbing avenue, a virulent poison, which soon profoundly oppresses the brain and nervous system, and usually destroys life, unless its accustomed, or some other safe channel of exit, is quickly provided for its escape.

Again, its importance is made apparent, by the consideration of the consequences purely mechanical, which will be likely to ensue from interference with the free flow of the blood through its accustomed channels. A check at any one point, which controls a cir-

siderable volume of the circulating fluid, becomes at once, a dam, more or less complete throughout its entire circuit, as well between the point of obstruction and the heart, as beyond; every structure will feel its effects, the more, in proportion to its vascularity, both by the strain to which it must give rise upon its delicate tissues, and also, by the impediment which this congested state will occasion, to the fulfilment of its appropriate functions.

If to this embarrassment, there be added the further inconvenience and risk which must necessarily follow—under the circumstances supposed—from the increased force of the circulation, which usually, though not uniformly by any means, exists throughout the active stage of febrile maladies, we cannot fail to perceive how disastrous to the delicate and complex structure of the glands and other highly vascular tissues and organs, must be any considerable hindrance to the free flow of all the vital fluids.

In no disease perhaps, to which the human organism is liable, is the arterial reaction more sudden and violent, and the impression upon the nervous system more profound, than is often, I may say in a majority of cases, experienced in Scarlatina. In none, are the secretory organs and surfaces put to a severer trial; in none is it more important to keep all the channels of secretion open and free, both for the protection of the machinery itself, and for the sake of eliminating, in the most prompt and ready manner, their respective products.

This I conceive would be sound doctrine, were these secretions healthy in character; but when it is considered that the reverse is true, probably as to every one of these, and that in this disease above all others which we are accustomed to treat, these products are noxious in character, so much so as to damage by their presence even, the surfaces upon which they are thrown, the argument is in favor of keeping every avenue of egress free, becomes incontestable.

This view, in its bearing upon the use of the drug in question, is further strengthened however, if it be true, as has been asserted by some whose opportunities for observation entitle their opinion to much weight, that the troublesome sequelæ of Scarlatina have been of late years on the increase, so much so that they have become rather the rule, than exceptional occurrences only; and it has been

observed that this feature of the malarial has seemed to date from the time when it became somewhat fashionable, or at least customary, to dispose in large degree, if not entirely, with the use of Calomel in its treatment.

Taking this disease then, as we usually find it, what article, regarded on purely theoretical grounds, more happily meets the indications presented by it, than the one in question? Though in a sense, a universal stimulant, it may easily be so employed as not to increase the force of the heart and arteries, nor add in the slightest degree to the disturbance of the nervous system, while, by common consent, its action upon every secreting surface is the most effective of any medicinal agent.

Yet in general it may be said, that it is only during its acute stage, while the virus is working its latent but lasting changes in the system and the struggle for its elimination is going on, that the frequent use of Calomel is demanded. So violent however, is the reaction that often takes place, that a few hours frequently suffice, if it be not successfully resisted, to work irreparable injury to parts of the highest value to the individual, if not indispensable to life itself.

It seizes upon the system, as the hurricane falls upon the luckless ship in mid-ocean, which, unless every sail is furled and every spar set to offer the least possible resistance to the gale, and there is a skillful pilot constantly at the helm, must go down.

It becomes then eminently proper, if the foregoing views are correct, to begin at the outset of the disease, with the use of this potent remedy. An emetic of Ipecac, for which, if the arterial excitement is strong and the skin hot and dry, Tart. Antim. et Potassæ may be substituted, combined with from four to six grains of Calomel for a child from four to six or eight years of age, may be given as soon as the disease becomes manifest. Nor, let me observe, would it in my opinion, be bad practice, even in those cases which at the outset are obscure and often simulate those ephemeral maladies to which childhood is so subject, to administer the combination just named, even though the result of the case should demonstrate that less active agents would have answered equally well. Time is often exceedingly precious in *Scarlatina*; and upon the right beginning of its treatment frequently hinges the well-being, and life even, of our patients.

To proceed: The use of the combination above named, will usually, thoroughly evacuate the stomach and also produce one or more alvine discharges; quickening at the same time, the action of the entire glandular and follicular system. Its revulsive effect will also be salutary; tending, as it will, to secure and maintain cutaneous transpiration and a proper equilibrium of the circulation. Subsequently, the mercurial should be employed so as to move the bowels once or twice every twenty-four hours. This may be done by combining it in doses, say of gr. $\frac{1}{2}$ to be given every four hours, with some appropriate refrigerant or anodyne remedy, adding to this, morning or evening, or at both those periods if found necessary, some two grains, to be given at a single dose. This will generally maintain, throughout the whole course of the disease, free secretory action from all eliminating surfaces and keep the bowels in a sufficiently open and soluble condition.

Cooling and febrifuge remedies, like the *Spt. Ether. Nit.*, the neutral or effervescing draughts, sponging the surface freely with cold or tepid water, and its free use as a drink, if preferred; also, such topical remedies as may be indicated, are all proper and often doubtless useful when the reaction is considerable, and should be used, as circumstances require.

In those cases also in which the oppression of the brain and nervous system is well marked, but not extreme, and the reaction but moderate, I generally resort to an emetic, in conjunction with a few grains of calomel at the outset; and am governed subsequently by the degree of reaction which follows their use, as to the further continuance, as well as to the quantity of the latter. Though a careful discrimination, and indeed extreme caution are peculiarly useful in this form of the disease, I have rarely if ever found, when these agents were deemed proper, that their use increased the unfavorable symptoms, but rather seemed to be equalled by their peculiar stimulant and revulsive properties to quite as much credit as other means employed, in bringing about a wholesome reaction and aiding the powers of the system to cope successfully with the disease. May I not add, that without the mercurial, in many instances, other means would have proved unavailing; that indeed it was the union of the two, that produced the result sought for. It cannot properly be objected to this remedy, nor will it be I am sure

by the profession, that its persistent use as above recommended will be followed by ultimate inconvience or injury to the patient. It is for a few days only, that its continuous use is recommended, or indeed allowable; after which, its occasional employment, and that generally as an alternative only, is all that is required. It avails nothing towards repairing the damage often done to the organism by this disease; and it is especially to be observed, that under these circumstances, its persistent administration could but increase the mischief already produced.

For the functional disturbances which sometimes follow, weeks even, after the disease itself has passed away, but which after all, are held—and justly—to sustain a relationship thereto, though probably no nearer than that to which an increased susceptibility to external impressions, such as that of cold, irregularities in diet, &c., might give rise,—for these, the mercurial may be employed precisely as if the same indications for its use had occurred under any other circumstances.

Finally, it would be dealing unphilosophically, both with facts and all experience, to pretend that there were no cases in which Calomel was inadmissible. Excessive irritability of the bowels sometimes; a peculiar nervous irritation which in some constitutions always accompanies the use of mercurials; positive nervous prostration owing to the shock incident to the onset of the disease, or to the oppression apparently due to the influence of the virus upon the brain and nervous system; and sometimes other causes, may for a time, and perhaps throughout the usually active stage of the disorder, contra-indicate its employment. Such cases however, happily, constitute but an insignificant fraction of the whole number, and are always formidable under any plan of treatment.

The use of Calomel in Scarlet Fever, may possibly be more general than I have supposed; and the reasons for its use herein assigned, or other and better ones, may prevail among the profession. If so, no harm will result from making it the topic of consideration in this brief paper. But if on the contrary, there be a difference of opinion on the subject, its discussion cannot fail to prove serviceable; and if further, it should appear that with many, if not with a majority of our members, this agent is made to play a subordinate part, if indeed it be not wholly omitted in the treatment of this disease from the

fact, that for some reason scarcely known to the practitioner himself, he is not in the habit of using it, that it is not fashionable, or the fear of disturbing popular prejudice, or all of these combined, I can but think, that much good may be done by calling attention anew, in the way I have here attempted to do, to the subject.

Popular prejudice as it relates to medicine, originating principally in the arts of Empiricism or through the instrumentality of those who make merchandise, as it were, of the public health by the manufacture and sale of the nostrums of the charlatan; and to some extent does the same baleful influence often deter the hesitating and timid practitioner from the employment of some of the most valuable articles of the *Materia Medica*—agents which commend themselves to his good sense and experience, but which he is unwilling to use lest some untoward result following, it be charged—be the cause what it may—by the ignorant, prejudiced or designing, upon this unfortunately obnoxious remedy; and his interests and reputation suffer in consequence. The fear of its causing diseases of the eruptive class to strike in, in the language of the vulgar, is a bug-bear which has had quite too much influence on the minds of the better informed—possibly upon the professional mind. Physicians, especially when the grave responsibility involved in the cure and treatment of this disease is assumed, should be governed not by such fears, but by the decisions of a sound judgment and the established maxims of the profession.

I am by no means inclined to disparage in this day and age, the employment of a reasonable caution, nor to claim that the exercise of a wise discretion is not at all times to be commended. It will however be admitted by all, that there is a wide range between a weak and unbecoming fear of popular disfavor on the one hand, and headlong rashness that takes no thought of consequences, on the other. *In medio tutissimam ibit.*

ARTICLE XVI.

PHYSIOLOGY OF THE CRYSTALLINE LENS,

OR ADJUSTMENT OF THE EYE TO DISTINCT VISION AT
DIFFERENT DISTANCES.

BY MONS. C. WHITE, M.D., OF NEW HAVEN.

[Read before the New Haven County Medical Meeting, April 9, 1863.]

[In examining the microscopic structure of the Crystalline lens, I have for several years adopted and advocated a theory of its physiology quite different from the (to me unsatisfactory) views advanced by any English authors of my acquaintance. I have recently found my own views of the uses of the fibrous structure of the crystalline lens so clearly stated and ably defended by P. A. Dognin in his treatise on optics, that I have thought it might be interesting to translate it, and bring the subject before my professional brethren in an English dress, with a few brief additions derived from my own observations and reading of different authors.]

It has long been considered an interesting question to determine how the eye is adapted to distinct vision at different distances. Physiologists and physicians have proposed numerous theories to account for the well known fact that some change in the condition of the eye takes place, when, after observing distant objects, we fix the eyes instantly upon objects very near.

1st. Kepler, Boerhaave, Rohaut, Others and others, have thought that the globe of the eye is elongated by lateral muscular compression to adapt it to distinct vision of near objects. But while Rohaut attributed this change to the oblique muscles and the contrary effect to the recti muscles, Others, followed by Hovius, Englefield and Ramsden, attributed the reverse effect to these different muscles. But changes in the length of the eye cannot take place without modifications in the curvature of the cornea, and we shall soon see that

there are no such changes in the cornea. Finally, this question is set at rest by an observation made by Groenou who has seen a man in whose the muscles of the eyes were paralyzed who continued to have distinct vision of objects at different distances.

[It is well known that partial paralysis often occurs in patients recovering from diphtheria. Nov. 12th, 1862, Dr. C. A. Lindsey reported to the New Haven Medical Association a case of presbyopia occurring in a child only 8 or 10 years of age after diphtheria. The child could not see objects distinctly without holding them at arms length. There was no paralysis of the muscles which move the eye, but yet the power of adjusting the eye to distant vision at different distances was lost for the time. May 18th, 1862, Dr. S. G. Hubbard reported to the New Haven Medical Association two cases of presbyopia in patients 8 or 10 years of age, which followed diphtheria after symptoms of paralysis had appeared about the throat. There was no paralysis of the muscles which move the eye. These patients recovered the power of adjusting the eye by the use of tonic. At the same meeting, Dr. R. A. Park reported a similar case of presbyopia which occurred in a lady (the mother of a family) a week after recovery from diphtheria. At night she could see perfectly well at ordinary distances, but the next morning she was totally unable to see near objects except by the use of glasses adapted to the eyes of an ordinary person 50 years of age. There was no paralysis of the muscles which move the eye. These cases appear to show conclusively that adjustment of the eye to vision at different distances is not effected by muscular compression of the eyeball.]

2nd. Keyser supposed that the crystalline lens is displaced by the ciliary processes in such a manner that it is brought nearer to, or removed to a greater distance from the retina.

Although this view was adopted by Schaeffer, Planchias, Järin, Peterfeld, Ziss, Casper and others, it cannot be supposed to take place without a change in the pressure of the humors of the eye on one side or the other, and consequently a change in the curvature of the cornea. Still more, the ciliary processes do not present any indication of being adapted to perform the function thus attributed to them.

3rd. Järin, Mink, Muschenbrock and others admitted changes in the curvature of the cornea combined with variations in the breadth

of the pupil. But numerous experiments, made by Hyoung, upon the eyes of individuals having very good vision, have proved that these apparent modifications of curvature do not take place. The head of the individual being well fixed, Hyoung measured with a telescope micrometer the distance of the images of two rods, reflected by the brilliant surface of the cornea, while the individual observed successively objects placed in the same direction, at very different distances, and he found that the distance between the images was unchanged. Duges, De Hahn, Cruver, and the Messrs. Seiff and Bernhartz, arrived at the same result. Finally, Hyoung was able to see clearly, objects situated at different distances, through a metallic tube filled with water, (a liquid having almost exactly the same refrangibility as the aqueous humor,) with the cornea of his eye plunged in the water, so that it annulled completely the influence of the curvature of the cornea.

4th. A theory which for a long time enlisted a great number of advocates, attributes the adjustment of the eye to changes in the pupil, combined with the peculiar structure of the crystalline lens. Lahire, Lamy, Haller, Salustier, Treviranus, and lastly Poellet, have adopted and developed this hypothesis. Treviranus undertook to sustain it by mathematical considerations, and endeavored to demonstrate that the crystalline lens being composed of layers, augmenting in density from the surface towards the centre, ought to produce images at a uniform distance if the border rays are excluded more and more as the distance of the object decreases. Poellet, after having observed that the layers of the crystalline lens differ not only in density, but also in curvature and in thickness, considered this organ as a lens having a great number of different foci, the shorter of which are formed by rays which are transmitted near the centre, and the longer foci by those rays which pass near the borders. Thus when we look at a point very near, the image of which tends to be formed behind the retina, the pupil contracts and the rays pass through the more refracting portions of the crystalline lens, and are brought to a focus upon the retina. On the contrary, when we look at a distant object the eye tends to form an image before the retina; but when the pupil is dilated, the rays which traverse the crystalline lens near its borders, in the parts which refract less, form an image at a more remote distance, that is, upon

the retina. Rays which pass near the axis come to a focus in front of this membrane, but as they are less numerous than those rays which pass through near the border they cast a diffused light upon the image and merely diminish its brightness without injuring its clearness.

Duges brought against this theory certain experiments, which prove that vision at different distances does not depend absolutely upon the size of the pupil. For example, we see *distant objects* clearly with the pupil contracted, if the objects are well illuminated, and with the pupil very large we see *near objects* distinctly when they are feebly illuminated. If we fix the eyes upon a bright but distant object, and then suddenly look at a dark object near by, we may by the aid of a mirror see the pupil enlarge. We ought thus (according to the above theory) to be shortsighted on a bright day, and longsighted on dark days, since a vivid illumination determines the contraction of the pupil. But every one knows, on the contrary, how easy it is to see at great distances during the bright days of summer.

5th. All the preceding theories of the adjustment of the eye to vision at different distances being excluded, it remains to consider the *crystalline body* as a *LIVING LENS*, capable of changing its form and focus according to the distance of objects.

Descartes, Sauvage and Bourdieu were the first who sought to explain the adjustment of the eye to vision at different distances by changes in the crystalline lens. Horne, Pemberton, Albinus and Hunter adopted the same opinion, which was taken up and developed by Hygieus in a remarkable memoir published in the *Philosophical Transactions* for 1801, and since confirmed by the researches of Arago, Duges and others.

To prove that the crystalline lens is capable of changing its form or density by its own action, it is necessary to show first that despite the special nature of this organ, and the perfect transparency of every part, it is still organized and living, and not a simple product of secretion. Duges lacerated the crystalline lens in a live rabbit, being as careful as possible not to injure the capsule of the lens, and after a few weeks he found that the wound in the lens had cicatrized. Zinn has seen an injection penetrate by two branches of vessels into the crystalline lens of a calf, showing that it has vessels like all living parts.

[It has long been known that the capsule of the crystalline lens is well supplied with blood vessels from a branch of the central artery of the retina, which passes directly forward through the vitreous humor to the posterior surface of the capsule of the lens.

It has been demonstrated that the capsule adheres to the lens very firmly at certain points. (Todd's Cyclopædia of Anatomy.) Dr. Young found ramifications upon and within the substance of the lens from the points of adhesion to the capsule, and he considered these connections to be due to the presence of arteries and nerves entering the substance of the lens. The great size of the vessels distributed on the back of the capsule favors the conclusion that the lens is furnished with vessels like the rest of the body. If the lens is penetrated by arteries it must (judging from analogy) be supplied with nerves also. It only remains for some persevering anatomist to repeat the experiments of Zinn and inject the lens itself to remove all doubt upon this subject.]

Structure of the Crystalline Lens.—Huyang demonstrated that the crystalline lens is composed of transparent fibres. Hunter observed the same fact, and Lennébach delineated the forms of the fibres found in the eyes of fishes. To see well the structure of the crystalline lens it should be macerated for a considerable time in warm nitric acid, which hardens it and makes it white upon the surface but yellow and transparent in the interior. The fibres are then very distinct, easily separable and similar to unbleached silk. According to Berzelius they are composed of a substance similar to that which is obtained by submitting albumen and fibrin to the action of nitric acid. It is coagulated by the action of heat and nitric acid, and has a remarkable resemblance to the flesh of fishes.

What is now the arrangement of the fibres? It is somewhat complex and at the same time very regular. Duges discovered that they form many layers placed one above the other. The exterior layer presents sixteen radiating sutures, visible with a glass after the lens begins to be coagulated by the action of alcohol. The sutures are formed by the union of fibres which meet each other very obliquely. The positions of these sutures do not correspond on the two faces of the lens; on the contrary they alternate, each fibre as it passes from one face of the lens to the other curves around upon the borders of the lens somewhat in the form of the letter S, as

shown in the accompanying figure. At the meeting of the star-shaped sutures we find a considerable quantity of fine granular matter. [We find the same granular matter between the external fibres after hardening by acid or by boiling. According to Henfy, the external fibres when cut, exude a tenacious sarcode substance. This is questioned.] Those fibres which commence near the centre of the anterior face terminate near the border of the posterior face, and those fibres which commence near the border of the anterior face terminate near the centre of the posterior face. The interior laminae have their fibres arranged in the same manner, except that the sutures appear to diminish in number. At the centre, there are only three sutures. The crystalline lenses of the ox and of the sheep have each, only three sutures upon each face, those upon the posterior alternating with those upon the anterior surface. The crystalline lens of the rabbit has but one suture. In the lens of the human foetus there are but three sutures, in that of the adult there are from nine to sixteen, some of which are more distinct than others. In some animals, as the codfish, triton and salamander, the sutures radiate from an anterior and a posterior pole, like meridians.



The regular arrangement of the fibres of the crystalline lens leads us naturally to compare it to a muscle. This comparison is confirmed by many considerations. The fibrille of the crystalline lens very much resemble the radiating contractile fibres of the iris; like the latter they are linear or moniliform.

[The fibres of the crystalline lens are very long, flat, six-sided, transparent, from 1/4600 to 1/2400 of an inch in breadth, and 1/8500 to 1/1000 of an inch in thickness, united by their edges into thin laminae which envelop the lens, one lamina over another, the broad surfaces of the fibres being parallel with the surface of the lens. The edges of the fibres are rough, and in fishes, distinctly serrated, so that a lamina of the lens of a codfish exhibits beautiful transverse or oblique striations, very analogous to true muscular fibres. The inter-

locking of the serrated edges of the fibres will cause the lens to contract regularly and prevent the fibres from gliding one upon another.

The appearance of the fibres of the crystalline lens of the cod-fish, is shown in the accompanying figure. Fibres from the crystalline lenses of the mammalia present transverse corrugations not so strongly marked as the serratures here shown, yet sufficiently distinct to suggest the idea that they are contractile fibres. Finally, the crystalline lens is imbedded in a fluid which when submitted to the action of heat, forms a mass like the clot of blood, from which it can only be distinguished by the absence of color. This fluid is probably uncolored blood or transparent blood plasma, which flows through vessels ordinarily invisible and which is designed to form and nourish colorless and transparent fibres or muscular tissue.]

The structure and chemical composition of the crystalline lens as above described, authorizes us to regard it as susceptible of undergoing contractions which change its form and density, and consequently change its focal distance. These modifications take place under the influence of the will by the effort which is made to distinguish objects clearly.

The theory which attributes the adaptation of the eye to distinct vision at different distances, to contractions of the crystalline lens is very satisfactory. Some facts have been observed which tend to confirm this theory.

1st. When blindness caused by cataract has been removed by depression of the crystalline lens, the subjects are not able to see clearly at different distances, although some have affirmed the contrary. The absence of the crystalline is supplied by a converging lens placed before the eye, but vision is distinct only at a determinate distance, which depends upon the form of the lens.

2d. The habit of constantly looking at objects very near, renders people short-sighted, as frequently happens with watch makers and engravers. The crystalline lens thus acquires a great and permanent convexity, which proves that it becomes more convex when we look at objects very near. Long-sightedness on the contrary, shows itself for the most part in aged persons, the power of contractility diminishing in the crystalline lens as in all other parts of the body;

the organ then resolves as it ought to when it has not made efforts to observe near objects, and in the end it is no longer obedient to such efforts. The rarity of the humors also tends to produce thinness of the crystalline lens. The only objections which have been made to the theory here explained, are based upon negative facts. Thus they mention the fruitless efforts which have been made to excite contractions in the crystalline lens by means of electricity. But this fact proves nothing; for in the first place the interlaced fibres may undergo contraction without any obvious alteration of form; it is also possible that the irritability of this set of fibres ceases almost immediately after death. Although the circular and radial fibres of the iris contract after death under the influence of electricity, they do not contract quickly like ordinary vascular fibres, but they contract with characteristic slowness. From this fact we may learn that we ought not to expect to find in the transparent fibres of the eye the same rapid contraction under electrical excitement as in the fibres of muscles properly so-called.

To remove all doubt from this subject, we come now to prove directly that the crystalline lens undergoes modifications to adapt it to distinct vision at different distances.

Changes observed in the crystalline lens.—Recently, two physiologists, Cramer in Holland and Helmholtz in Germany, each independent of the other, have pointed out changes of the curvature of the crystalline lens. (See *Bibliothèque Universelle de Genève*, *Arch. des Sc. Phys.*, t. 3, 1855, p. 71.) The following is their method of experimenting. They bring a candle near to the eye of a person placed in a dark chamber, while he is looking intently upon a distant object. Three images of the candle are seen; the first is an erect virtual image formed by reflexion from the cornea; the second is also erect and placed behind the first, it is formed by reflexion from the anterior surface of the crystalline lens; the third, smaller and inverted, is a real image produced by the posterior surface of the crystalline lens acting as a concave mirror. These images should be observed with a lens placed in the end of a tube. This lens ought to be placed at different distances to view each of the three images clearly. If the person employed for the experiment is then made to look at a near object, all at once the second image is seen to advance toward the first, which does not

change its position. At the same time this second image is brighter and smaller than before. This indicates that the anterior surface of the crystalline lens has become more convex. The third image does not appear to change its place, but as it becomes also brighter and smaller, it is proper to conclude that the posterior surface of the crystalline lens has also become more convex.

[These remarkable experiments remove all doubt about the action of the crystalline lens, and establish the position, that: *The principal modification of the eye, to adapt it to distinct vision at different distances, consists in changes in the form of the crystalline lens, and it seems almost certain that these changes are produced by a vital contraction of the fibres of which the lens is composed—the fibres of the crystalline lens being endowed with the power of contracting and changing the form of the lens in obedience to the will.*]

ARTICLE XVII.

SANITARY REPORT OF HARTFORD COUNTY.

BY LUCIAN E. WILCOX, M.D., OF HARTFORD.

[*Read before the Hartford County Medical Meeting, April 29, 1863.*]

MR. PRESIDENT AND GENTLEMEN:

At our last annual meeting, several reports were made to this body, which have proved markedly typical of the character of the diseases that have prevailed, somewhat extensively, throughout the county during the past year. They gave so very obscure intimations of an epidemic influence that had touched several communities and led the observant physician anxiously to inquire whether a new disease power was abroad, or an old unwelcome visitor had come again. Diseases of known form and name indeed, were prevailing, but mysterious manifestations were impressed upon them, and in some instances so enwrapped in black pall the disease, that the mystery was the disease, and death, the first symptom. These cases of undeveloped disease were isolated and not numerous, but they proved in no long time to have been forerunners of diseases, chiefly of the Zymotic class, of unusually severe character, and too often, of fatal termination. Inquiries arose as to their character and tendency, and speculations multiplied. Some of the older physicians suggested "Spotted Fever."

The suggestion was certainly not unreasonable, and perhaps some may discover a parallelism in the line of symptoms as run out by observers of the old spotted fever epidemic, and these recent cases. Thus Dr. Hall, writing in 1810 on the epidemic of the preceding year, quotes Dr. Woodward, in the following description: "The violent symptoms were great lassitude with universal pains in the muscles; heats, if any, of short duration;

universal prostration of strength; delirium with severe pain in the head; vomiting with indescribable anxiety at the stomach; eyes red and watery and rolled up, and the head drawn back with spasm; pulse weak, quick and irregular; petechiæ and vides all over the body, and a cadaverous countenance and smell."

Dr. North, in the "Medical Museum," mentions the following symptoms: "Pain in the head, more commonly the back side, slight chills, furred tongue, great prostration of strength early in the disease; loss of appetite, though less than in other fevers; vomiting and purging sometimes; distress about the precordia; pain of the limbs frequently; sometimes slight cough; pulse generally weakened and quick, sometimes full but never hard; some had little or no febrile heat; others had great heat and high fever; most had slight sore throat at the beginning of the complaint. The spots were not a constant nor frequent symptom, and when present were of various sorts, some resembling flea bites, others bruises, others still, the blows from a whip, and were of different shades of color, from red to dark." Dr. Hall relates cases occurring in the epidemic of 1809; among them this: "A woman aged twenty-two years, was taken suddenly ill at church during morning service. She was so sleepy on the way home that her husband had much difficulty in preventing her from falling out of the carriage. At half past four in the afternoon she was comatose, had great prostration of strength, and so torpid in mind and body that she took no notice of any thing and could give no account of herself, only that her head pained her, and that she had great distress at her stomach. Her hands and feet were cold almost as ice. There was great irregularity of heat and cold on the surface of the body. The pulse was rather frequent, very weak, unequal and hesitating."

Dr. Thomas Minor, attempting in an able and discriminating paper, to identify the Middletown fever of 1818, with the Hartford spotted fever of 1809, says: "The peculiar and extreme deficiency of vital energy in the brain and nervous system, from the very access of the disease, without any appreciable reaction during the whole course; the early urgency of the symptoms; the constant liability to coldness of the extremities, and numbness of the skin; its degree of insusceptibility to the action of strong rubefacients

and blisters; the peculiar distressing and deathlike sinking in the epigastrium; the craving of hot liquids; the alternation of extreme torpor and excessive irritability of the stomach; the respiration resembling that of animals in which the *Par Vagus* has been divided; the immediate exhaustion produced by an erect position; the delirium resembling intoxication; the extreme variability and irregularity of pulse, particularly its occasional deceptive fullness and force, when the patient is in the most alarming state of exhaustion; the very rapid progress of the disease; the impurity at least, with which the most extraordinary doses of opium were borne; the injurious effects of free evacuations, whether spontaneous or fictitious; the general inefficacy of all medication to gain a hair's breadth upon the disease when from neglect or bad management the patient had once sunk down to a critical period, * * * ; the absence of febrile smell, and indeed any uncommon fecor of the excretions; all mark the identity of the disease with the Hartford spotted fever of 1869, and evince its diversity from common typhus or nervous fever.* And again, "For eight or nine months it was difficult to find a case of acute disease that did not partake of the epidemic constitution, under whatever head it might be nosologically classed. Not more than two or three cases were this season attended with petechiæ. In one of these, they were very dark and prominent. A mottled skin, efflorescence, and eruptions appeared in many instances."

These quotations from experienced observers, perhaps sufficiently describe the character of the spotted fever epidemics. In order now to bring into comparison with this form of disease the epidemic influence that has prevailed in this vicinity the past several months, the histories of two cases described as "anæmia"† may be introduced, and in the same connection the general bearing of the reports presented at our annual meeting a year ago, and also, as entitled to much consideration in the absence of written descriptions, the verbal testimony of almost every physician in this neighborhood.

March 13th of last year, at night, according to Dr. Cary, one Davis was complaining of headache and of feeling very chilly. On going to bed took composition powder. It was found in the morning that he had vomited freely, and had had a natural move-

† See Proceedings of Conn. Med. Society for 1867, page 212.

ment of the bowels. He looked purple about the face, especially under the eyes, and one leg presented the same appearance. Red spots were observed about the face, neck and breast. Dr. Jackson found him at 8½ o'clock the same morning, "extremely restless, tossing from side to side and exclaiming, 'I am dying, I am dying—can't you help me.'" He at first recognised him, but delirium soon interrupted consciousness.

"The tongue," Dr. Jackson continues, "had the appearance of the senescent state of Typhus; extremities were cool although not cold; pulse was imperceptible in the radial artery; and the eyes were extremely injected and prominent. The skin of the face, thorax, arms, hands, legs and feet was purple, shading in various parts into a deeper hue; upon the face and neck were spots from one to three lines in diameter, circular and somewhat resembling the ordinary blood blister. The tongue was covered with a dark coating, and the lips and teeth with scales of the same hue."

At 1 o'clock of the same day, Dr. Cary relates, that Razar, another patient in the same house returned from his work with chills, which continued until evening, when he took composition powders and went to bed. He vomited large quantities of very dark bilious matter during the night, and had a movement of the bowels. In the morning, "no pulse at the wrist; feet and hands nearly cold; tongue slightly furred and perfectly bloodless, looking very much as it does in the last stages of cholera. His face, hands and arms as far up as the elbows, and feet and legs to his knees, were covered with patches of extravasated blood of all shapes, and from the size of a five cent piece to that of a dollar, or larger. On the face there were a number resembling black and blue spots, one and two inches in length, looking as if caused by the blow of a whip. Petechial spots were also scattered more or less over the surface of the body. He located all his pain in his head over the eyes, and complained of cold hands and feet. He died at 11 o'clock the same day."

These two cases are the only ones whose written description has come to notice. Other cases, similar in feature and course, came under the observation of intelligent physicians, but failed, much to the loss and regret of the profession, to be committed to

a permanent form. Hence allusion can be made to them only in this general way.

But your reports, already noticed, have this significant language: "There is an epidemic influence of marked character prevailing. It affects chiefly the mucous membranes, manifesting itself by diphtheritic exfoliation, or by vomiting and purging, and is attended by alarming prostration. In some of the severer cases the surface presents a dusky hue, or dark, or light red, or purple circumscribed spots. And complaint is made of pain in the limbs, back and head. The patient becomes early comatose and in fatal cases dies suddenly and usually early."

This language is but the epitome of voluminous testimony from medical men in various localities in the country. And more—this epidemic constipation, by the testimony of competent observers, has followed on in the course of other diseases and so impressed itself upon their features, as to rob them of their distinctive character, thus rendering their identification a matter of doubt and extreme solicitude.

The thoughtful physician throws into an ideal form, every recognised disease. He gives it form and feature; invests it with the elements of time and motion—that is, duration and progress; localises it; clothes it with susceptibilities and capabilities, and names it.

The medical encyclopedist of 1809 and earlier, gathered up a few elements of disease that were playing wizard about him, noted their characteristics and labeled the collection "Spotted Fever," and passed it over to his successors for their doubtful recognition.

Less than a score of years after, the Connecticut river valley was again oppressed by a strange presence. Physicians hearing the stealthy approach and discerning the subtle robes, hastened to catch the form and lineaments and give them expression. They labored faithfully and succeeded in producing a very tolerable portraiture. The ideal was fast taking shape.

For a few years past the physicians in this vicinity have been studying with great care and solicitude, the nature and tendencies of a fearful but subtle epidemic. Descriptions have been repeated, experiences compared, testimony accumulated, until quite a distinctive character and expression have been accepted. The ideal is still shaping.

And now the question arises again—Does the epidemic constitution now existing, materially differ from that which gave character to the diseases of 1860 and 1823? Was the spotted fever of those periods any other than our continued fever, as affected by this epidemic constitution?

It will readily be seen that no pretensions are made by these loose comparisons to a thorough investigation by any severe process of limitations. It is only attempted to catch a few misty gleams from distant beacon lights by which, perchance to society what shores the laboring bark is nearing. Far it is deemed better far, to hazard a few throws of presumptuous thought, than be hopelessly lost in the "deep slumber," as one has expressed it, "of a decided opinion."

Leaving the immediate consideration of this subject, the Mortuary record is at hand and claims attention. It is derived from the Tables prepared by Mr. Hoadley, the State Librarian.

There were last year in the county, 1732 deaths; 892 males, 821 females, 19 sex not stated. A further classification of these according to age, shows that in the first year of life, 166 males died, 122 females, 10 sex not stated; from the first to the fifth year, 167 males, 153 females, 2 sex not stated; from the fifth to the tenth, 49 males, 43 females; from the tenth to the twentieth, 61 males, 63 females; from the twentieth to the thirtieth, 51 males, 62 females, 1 sex not stated; from the thirtieth to the fortieth, 76 males, 77 females; from the fortieth to the fiftieth, 75 males, 63 females; from the fiftieth to the sixtieth, 57 males, 41 females; from the sixtieth to the seventieth, 61 males, 62 females; from the seventieth to the eightieth, 56 males, 63 females; from the eightieth to the ninetieth, 37 males, 33 females; from the ninetieth to the one hundredth, 1 male, 7 females; at one hundred, no males, 1 female. Of cases in which the age is not stated there were 5 males, 6 females. Cases where neither age nor sex are stated, 6.

In the class of Zymotics there were 526 deaths, against 373 occurring the preceding year; Uncertain Seat, 185, against 120, the preceding year; Nervous Organs, 229, against 183; Respiratory Organs, 233, against 247; Circulatory, 38, against 40; Digestive, 74, against 63; Urinary, 8, against 11; Generative, 18, against 21; Locomotive, 12, against 11; Integrumentary, 2, against 4; From

old age, 51, against 26; violence, 75, against 72; unknown, 113, against 102; still born, 47, against 39.

The whole mortality was larger by 280 deaths, than in 1861, and larger by 209, than ever before recorded in any one year. About 100 of this excess occurred in Hartford alone.

The number of deaths in 1862 was double that of 1861, in Enfield, Hartland, Southington and Windsor Locks, and largely increased in East Windsor, Farmington, Glastenbury, Manchester, Marlborough, New Britain, South Windsor, Suffield and East Granby.

The deaths from Zymotics numbered 163 more than in 1861. Of these, 130 were returned from Scarlet Fever; while Diphtheria and Typhoid Fever returned about the same number. The returns from diseases of uncertain seat, give an excess of 55 over those of last year, and from the Nervous Organs, 36 more. The deaths from Diseases of the Respiratory Organs, were 14 less. The returns for the remaining classes may remain unnoticed.

In the Sanitary Report of Hartford County for 1861, which was not published, a comparison was instituted between the Mortality Tables of Hartford and New Haven Counties. The period considered extended through 1859-60-61. The census of 1860 gives us appropriateness to those years readily appreciated.

Table exhibiting the Percentages of Deaths in Classes, to all deaths from known causes, and the Ratio of Deaths in Classes to the native population in Hartford and New Haven Counties for the years 1859-60-61.

Classes.	Percentages.		Ratio.	
	Hartford Co.	New Haven Co.	One death in a population of	
Zymotics	27.94	26.21	229,048	329,493
Uncertain Seat . .	9.8	12.06	681,530	509,917
Nervous Organs . .	14.13	13.29	473,484	443,148
Respiratory " . .	24.58	22.6	271,758	307,186
Circulatory " . .	2.7	2.62	2,478,018	2,109,409
Digestive " . .	5.02	4.07	1,223,487	1,482,411
Urinary " . .	.69	.60	9638,780	9,126,092
Generative " . .	1.58	1.94	4,216,968	3,106,042
Locomotive " . .	.61	.46	2,993,737	1,327,438
Integumentative " .	.17	.25	38,533,142	24,336,25
Old age	4.18	4.92	1,596,938	1,527,037
Violence	3.62	4.6	1,188,925	1,515,472
Still Born	3.94	6.02	2,247,940	1,001,556

The form of comparison is by percentages of deaths in classes, to deaths from known causes; also by ratio of deaths in classes to the entire population, as exhibited in the preceding table.

In Hartford County for the entire period of three years, there was one death from known causes to a population of 8228. In New Haven County, one to a population of 5729.

A casual inspection of the table of Percentages, would indicate a larger mortality in most of the classes of diseases in Hartford, than in New Haven County. But when it is remembered that the percentage arises from the relation of mortality by class to its own entire mortality, in each county, the deception disappears. The more obvious comparison is found in the table of Ratios. It there appears that the greater mortality in all classes, three only excepted, falls in New Haven County.

REPORT OF AN
ANOMALOUS SURGICAL CASE,

IN WHICH A NAIL BROKEN OFF IN THE FOOT SEPARATED INTO
TWENTY-SIX SPLINTERS, WHICH WERE SUCCESSFULLY REMOVED
AFTER INTENSE SUFFERING.

BY ROGER C. WHITE, M.D., OF NEW HAVEN.

May 11th, 1862, Mrs. A., of New Haven, about 45 years of age, stepping down from a height of about eighteen inches placed the left foot upon an "eightpenny" nail, which penetrated the sole of the shoe and passed entirely through the foot on the outside of the os calcis. With great effort she extracted the nail, or a part of it, but felt a cracking as though a bone had been broken; at the same time the pain was so excruciating that it was with great difficulty she reached the house, some two rods distant. In the course of ten days she twice walked a distance of about a mile, and returned home, besides walking other short distances. I was called to see the patient in the latter part of June and found her suffering considerable pain, but there were no very obvious indications that any part of the nail had been left in the foot. As her father had died of tetanus and her constitution was delicate, she was treated with tonics, stimulants and anodynes, with the design of preventing an attack of that terrible disease which had removed her father. With the exception that the patient was confined to the house, nothing special occurred until the latter part of August, when a small piece of iron made its way to the surface an inch nearer to the heel than the spot where the nail had passed through the upper part of the foot. In September, another spot nearer the heel was so painful (a pricking sensation) that I lanced it, and after a few days, a sliver of iron one-third of an inch long appeared in the wound and was removed by the patient. In October, another

silver one-fourth of an inch long was removed in a similar manner, after which the pain temporarily ceased and the patient walked a mile or more and home again, and supported herself well. In a few days I was sent for again and found her suffering intense pain, which could only be relieved by the most powerful anodynes, as morphine, nux vomica and cannabis indica. From Nov. 14th to Jan. 18th, four more slivers of iron were removed by suppuration after suitable incisions over the points where the pain was most excruciating, between the scapula and external malleolus. In the latter part of January the sufferings of the patient became intense and alarming. The appetite was very poor—patient emaciated, and sleep could be obtained only in short naps at infrequent intervals. For three months, the amount of sleep was never more than three or four hours in twenty-four, and often but one hour or none at all. Twice the patient became wild and delirious with pain, and often there were spasms of the muscles of the foot and leg. Altogether, her sufferings were the most excruciating I ever saw a person endure—the most powerful anodynes and even chloroform, which at times was inhaled at the rate of from one to two ounces in twenty-four hours, only moderated, without subduing, the spasms and intense agony which no language could describe.

During the time and a half months from Jan. 15th to May 6th, I lanced the foot eighteen or twenty times in a space extending from the insertion of the tendo Achillis to a point an inch and a half below the external malleolus, and sixteen more pieces of iron, varying in length from a quarter of an inch to an inch and a sixteenth, came out after the wounds had supplicated. Dr. J. Knight and Dr. L. J. Sanford were at different times called in consultation. At times it appeared as if human nature could not much longer withstand the terrible sufferings caused by these sharp, rough and ragged fragments of iron which clustered around the calcanean nerve and artery, both of which were wounded by the repeated incisions made to give exit to the offending bodies.

I will not occupy the time of the Convention by detailing the various expedients adopted to remove the causes of irritation and quiet the patient. Suffice it to say, that in all, twenty-two fragments of iron of various forms and sizes have been removed; the patient is now rapidly recovering, and is able to go up and down

stair, and to visit near neighbors. The engraving shows the form and size of these slivers of iron. (The specimens of iron, enclosed in a nest case, were exhibited to the Convention.)

Two or three of the fragments were pulled out by the patient when they were found projecting into the wounds. The others were taken out by myself on dressing the wounds, where they had made their way during the night. In some cases, large holes were left in the flesh, so that a probe could be inserted where the iron came out. Several times I was able to feel the iron with a probe, or the finger nail, after making an incision. A swollen and thickened appearance of the edges of the wound, and a profuse discharge of pus, preceded the exit of each of the larger slivers. From February to May, the patient entertained very little hope of recovery, and friends and physicians sometimes shared all the apprehensions of the patient. The last piece, the one shown at the bottom right-hand corner of the engraving, came out the 8th of May. The patient is rapidly recovering, but there are some indications that another small fragment yet remains in the foot.† Twenty-one of the fragments shown in the cut (one small fragment was lost) weigh $32\frac{1}{2}$ grains. An entire nail, such as the offender is supposed to have been, weighs 55 grains. May I never practice surgery long enough to meet with another so terrible a case, but if I do I shall regard it as a merciful dispensation of Providence if I am permitted to secure an equally favorable result.



† Since this report was prepared, four more pieces of iron have been removed, about an inch below and forward from the external malleolus, viz: June 15th, a scale weighing 7 grains; June 21st, a piece $\frac{3}{16}$ th of an inch long, weighing 3 grains, and June 22d, two small scales weighing together 1½ grains. These make the whole number removed, twenty-six pieces, weighing 45 grains. There may be some unexamined fragments still remaining, but no pieces of any considerable size. At this time (June 23th), the patient is able to walk about the house, and has every prospect of complete recovery.

BIOGRAPHICAL SKETCH OF THE LATE

LUTHER TICKNOR, M.D., OF SALISBURY.

BY A. C. BECKWITH, M.D., OF LITCHFIELD.

[Read before the Litchfield County Medical Meeting, April 30, 1893.]

To rescue from the oblivion past the memory of one who was personally known to most of us, and to perpetuate on our records the noblest traits of character in one of the former Presidents of the Connecticut Medical Society, is the object of this brief memoir.

Luther Ticknor was born in Jericho, Vt., March 9th, 1790. Deprived of his father by an accident at the age of fifteen, and his elder brother the late Benajah Ticknor, who became a distinguished surgeon in the United States Navy having left home, he determined to keep together the family which consisted of eight persons, six of whom were younger than himself; and by his own personal labor he performed this arduous task for three years. He then placed three of them at school and assisted in their support for two years longer.

At the age of twenty, he commenced the study of medicine in the office of Dr. James R. Dodge, in the town of Salisbury in this county, and by teaching school a part of the year, and laboring among the farmers a portion of the remainder, he supported himself and three members of his family. One of the brothers whom he thus supported was the late Caleb Ticknor, M.D., who distinguished himself as an author, and whose early death was a loss to science and to the medical profession.

Thus in early life he manifested a noble disinterestedness and regard for the welfare of others, and an energy and perseverance that surmounted obstacles which would have been regarded by ordinary men as insurmountable. He became distinguished for

generous hospitality to his friends, for benevolence to the poor, the suffering and the stranger, for the manly and generous impulses of his nature which recognized no moderate limit. For him, wealth and ambition out of his profession had no charms, nor could they prevent his entire consecration of himself to the self-sacrificing duties of the profession.

He had a high sense of honor, and he never abstained through deference to popular prejudice from the use of any article of the *Materia Medica* which belongs to the practice of the regular profession. He despised quackery in all its forms, and controlled in an unusual degree the popular opinion in favor of legitimate practice. He not only possessed the entire confidence of the community, but was popular with his professional brethren and did a large consulting business.

He took especial care of the reputation of his professional brethren, rebuking most signally any attempt on the part of the public to disparage their merits or underrate their claims to public confidence in the profession; but he hesitated not to reprove them when through timidity they hesitated about carrying out in desperate cases the prompt and energetic practice which was requisite to save the life of the patient. He once remarked to a practitioner of this class with whom he had been associated in counsel, "I cannot trust you; you have not moral courage enough for the practice of medicine; had you adopted the course of treatment we recommended yesterday the life of this patient might perhaps have been saved. The case is now hopeless; no human agency can arrest the disease."

Dr. Tucker often alluded to the humble sphere from which he rose to a commanding eminence and great distinction in his profession. He took an honest and manly pride in recounting the obstacles he had surmounted by his indomitable perseverance: And the rugged path which he had traversed on his way to eminence and distinction gave him much sympathy for young men who were struggling in poverty to obtain an education.

He was a most successful teacher of medicine. He taught practically, giving the results of his large experience; he taught by the wayside as well as in his office. His remarks were original, pertinent, spicy and always interesting. His great natural powers

of mind grasped and mastered intricate and abstruse subjects without the advantages of education, even such as are obtained in a common school district; and so he became one of the most intelligent and successful practitioners by his own unaided efforts. He had strong common sense, sound judgment, a good memory and a well balanced and discriminating mind. He had a perfect command of language, which rendered him a most genial companion, a most social friend. No wonder that with moral and intellectual endowments superior to those of most men, and his noble disinterestedness and generosity, and a commanding presence and dignified and manly bearing, that he should have commanded the respect, admiration and confidence of the entire community. "One of nature's noblemen, a true-hearted, trustworthy, ingenious man, who conferred not only honor on his profession, but on human nature itself." He was for many years a Fellow of the Medical Society of this State, and held the offices of Treasurer, vice-President, and at the time of his death, that of President. He was also for many years a member of the Standing Committee of Examination for Licenses and Degrees. He received the honorary degree of Doctor of Medicine from Berkshire Medical College in 1827, and from Yale, in 1829.

Dr. Ticknor took no active part in politics, but represented the town of Salisbury at two sessions of the legislature, where he was known as an active, influential and useful member; he spoke but seldom, but always with much power, and he held a high position among those who controlled the action of the legislature.

In the practice of his profession he was an observer of nature. He belonged to the Hypocratic school of practitioners. He never boasted of his cures; he did not arrogate any merit to himself; he was merely the servant of nature, watching the course of disease and aiding when necessary the waning powers and adapting his practice to the symptoms which presented themselves in the progress of disease, or anticipating them when the safety of his patient demanded it, with the energy which the case required.

It was not surprising that in the opinion of the public he possessed a wonderful skill and superior judgment: his countenance beamed with benevolence and great decision of character, indicating that he understood his patient's condition, and so he inspired

confidence and unvaried hope. As great benevolence was a distinguishing feature of his character he attended with the same readiness the poor and the rich, not considering whether he should receive compensation for his services or not. In 1819, the writer came into this State on a visit to the late Caleb Ticknor, whose name was with the subject of this memoir; he unexpectedly accepted an invitation to become an assistant to him in his extensive practice, and was with him about six months, when the writer removed to Litchfield. An inmate of his family, we witnessed his self-sacrificing devotion to his profession: Returning oftentimes from long tedious rides, perhaps at midnight, worn out with fatigue and exhausted by fasting, he would ask on his arrival home whether there were any urgent calls for him to attend that night. His devoted wife would say, "Doctor, I am sorry to say that some person has sent for you"—perhaps from Mount Washington, six or eight miles distant, and only accessible on horseback. On being told, "they are probably not worse off than yourself; you are not able to go there to-night; you will receive no compensation nor thanks perhaps," his invariable reply would be, "they may be suffering, and while God pleases to continue these wretched beings in existence, it is my duty to render them all the assistance in my power." Perhaps no man in the State rendered more gratuitous service than Dr. Ticknor, nor had a larger practice.

Dr. Ticknor married Miss Eliza A. Lee, daughter of Elihu Lee, Esq., of Salisbury. His wife therefore belonged to a prominent and influential family in that ancient town. Two of Mrs. Ticknor's brothers were students of Dr. Ticknor, and have risen to eminence in the profession—Dr. Charles A. Lee, whose reputation as a lecturer and author of popular medical publications is high, and Dr. Moses A. Lee, my former partner in practice, who died at Pittsfield many years since while holding the professorship of Materia Medica in the Berkshire Medical Institution. Mrs. Ticknor, who is still living, contributed largely to her husband's social happiness and domestic enjoyment. Dr. T. had no children. He however became the father to several by adoption, and as an illustration of his benevolence and of the manner in which he received these objects of his especial care, I will relate a fact. A poor woman on her death bed expressed great concern for the fate of her little child,

who by her death would be left without any protection except that which the law provides for the destitute. In her honest simplicity she asked the Doctor if he would not take care of it. He replied that he would adopt it as his own; and placing a handkerchief on the child's head, and wrapping it in his overcoat he carried it home. It sat at his table and was educated by him, and he regarded it as his own child until death removed her from the bosom of his family.

Dr. Ticknor was intent upon professional progress. He read extensively the best works and periodicals of the day as they were published, and when he learned that a National Medical Association had been proposed, having for its object the promotion of professional interests, he advocated it earnestly in an able communication to the "*Journal of Medicine*," then edited by his friend and brother, Dr. C. A. Lee of New York. One of the last letters which I received from him, was one expressing sympathy and interest in the movement and asking my advice in reference to calling an extraordinary meeting of the Conn. Med. Society to appoint delegates to the first convention of the Association, which was held in New York in 1846. He issued the call, but before the time had arrived he was removed from earth.

We will give a comprehensive summary up of the character of our lamented friend taken from his published Obituary, which was written by one who knew him intimately, and was present during his last sickness as friend, physician and watcher; speaking of him he says:

"But although he was great as a physician he was something more. In him the friend and the physician were combined; his affection, good sense and sympathy, poured into the afflicted the oil of comfort—he soothed the pangs of woe, he mitigated distress, he found out something in the wise dispensations of Providence that he carried home to the bosom of affliction. Hence it was that he was looked upon as the guardian angel; his solidity made him appear as the sufferer with the family; they viewed him as one of themselves—sympathy united him to them; he acquired new ties, new affections; he mourned with them, and his philosophy pointed out new sources of consolation; he was beloved, and he was everything which Heaven deigns to soften and disperse human

ministry. In short Dr. Tucknor had attained that highest style of man—he was a *Christian*.

We do not wish to overcharge the picture: It is true he was our friend and brother. But we describe him as we have known him for more than thirty years, and as he is known to the profession throughout Connecticut. There, on the field of his usefulness and fame and where he was best known, the truthfulness of our sketch will be felt and acknowledged. There, where he fell a martyr to his profession in the full career of his success and in the maturity of age and experience his memory will ever live in the hearts of those who love to contemplate true heroism, disinterested benevolence and humble usefulness.

The foundation of Dr. Tucknor's death was laid in the incessant fatigues and watching to which he was exposed during the last two months of his life. For forty days and nights he scarcely enjoyed an hour's rest, undisturbed by calls, and but few times during that whole period were his clothes relaxed for the purpose of repose or sleep. Just one week previous to his death he was attacked with a violent chill, the precursor of a severe attack of bilious pneumonia of a highly congestive typhoid type, which ran its course unchecked by the means employed, and which terminated his valuable life on the evening of the 10th of April, 1846, in the 58th year of his age.

It was our melancholy lot to stand by the bedside of the deceased during the last two days of his life and witness the progress of a disease which had passed beyond the control of human art, and we shall not soon forget the perfect confidence, fortitude and resignation which he manifested in the midst of extreme suffering and distress, and the unflinching calmness with which, in the full possession of consciousness, he resigned his spirit into the hand of his Creator.

It was also our fortune to be present at his funeral, and there we witnessed a scene which will never pass from memory while memory lasts. The shops and stores of a thriving village all closed upon a week day as upon the sabbath; a congregation of people larger than was ever known to assemble in that place on any occasion, melted into tears; sobs bursting forth on every side. In short, one common feeling seemed to pervade—and that was one of deep, uncontrollable and absorbing grief.

Thus passed from earth a man whose character had as few blemishes in it as may be permitted to the natural weakness of humanity, if not as many excellencies as our natures are capable of attaining in this imperfect state of being. It is consoling to reflect that he has left an example worthy of imitation; a reputation unsoiled by a single blot; a name which will never be mentioned but with tears of gratitude and affection by thousands now living, a rich legacy which will be treasured up by friends and handed down as an heirloom to posterity."

It seems proper that the memorial of such a bright and distinguished example of professional excellence and virtue should have a place in the proceedings of this Society, which held a place in his affections above all other societies on earth, and subordinate only to the Church of the Living God.

BIOGRAPHICAL SKETCH OF THE LATE

JEHIEL WILLIAMS, M.D., OF NEW MILFORD.†

BY J. O. BEECHER, M.D., OF LITCHFIELD.

[Read before the Litchfield County Medical Meeting, April 30, 1863.]

When the aged patriarch of our profession, distinguished for superior excellence, "throws off this mortal coil" to enter upon the rewards of enduring faithfulness which await him hereafter, it seems proper that some suitable memorial should be placed upon our records to commemorate his virtues and his moral and professional worth. Such was JEHIEL WILLIAMS, M.D., who was regarded by all of his contemporaries in the profession as more than an ordinary man, when

"None knew but to love,
Nor aimed but to praise."

Dr. Williams was born in Lebanon, Conn., Oct. 4, 1781. He received his education in the schools of his native town and prepared for college at the Academy in Colchester, though his restricted means prevented his entering. He commenced the study of Medicine in the office of the late Dr. (Gov.) Peters at Helron, and in 1807 and 1808, attended two courses of Medical Lectures in the University of New York, where he was a private student in the office of the late Dr. Edward Miller, Professor of Theory and Practice in the institution. The succeeding year he spent in attendance upon hospital practice under the late Dr. Hosack who was then in the zenith of his professional eminence and was one of the surgeons in that venerable institution, the New York Hospital. He was licensed to practice medicine and surgery, Oct. 3, 1807, by the Connecticut Medical Society, and subsequently re-

† We would acknowledge our obligations to Capt. G. S. Williams, 29th Regt. C. V., for the facts and materials of this sketch of the life of his father.

ceived by their recommendation, from Yale College, the honorary degree of Doctor of Medicine.

Dr. Williams, after leaving the New York Hospital in 1839, took up his residence in the town of New Milford, Litchfield County, and continued to practice there until he was compelled by reason of ill health and bodily infirmity, in the month of January, 1862, to relinquish the duties of his profession. He died on the 9th of June, 1862, aged 80 years, 8 months and 4 days.

Dr. Williams was regarded by all who knew him as a consistent man. In all the relations of life he was kind, social and agreeable; no perplexities nor trials disturbed the equanimity of his temper, nor prevented him from the performance of any good work, whether of a public or private nature.

As a man, his integrity was unimpeachable, as well as the purity of his motives. So great was the amiability of his disposition, so agreeable and irreproachable was his intercourse with his fellow men and so delicate his regard for the feelings and rights of others, that he commanded the confidence and esteem of all.

He was a reliable citizen and received evidence of the respect and confidence of his fellow citizens in the many positions of trust and responsibility with which he was honored by their unsolicited suffrages—for he sought nothing out of the sphere of his profession.

He was a distinguished member of the Constitutional Convention which amended the Constitution of this State in 1818, and represented with much ability his town in the legislature of 1831, 1840 and 1851; he also declined many offices of trust which were tendered him.

Dr. Williams regarded his obligations to the General and State Governments as sacred and next to his religious duties, and so he always performed the duty of an elector at the polls unless prevented by imperative duties to his patients, where he never neglected. Ambition, vainglory, or any other allurement, could not divert him from the faithful performance of professional duties. His labors were in season and out of season, and were in no instance withheld from a fear that they would not be remunerated or appreciated. He regarded the profession which he loved, as the noblest employment in which he could be engaged, and so no sacrifice

ties were too great for him to make, that he might faithfully discharge its duties and extend its benefits to every form of suffering humanity.

Dr. Williams combined the qualities of a good practitioner. He was well acquainted with the animal frame and with the diseases in their varying phases, to which it is subject; these he readily apprehended and appreciated, possessing, as he did, a sound and discriminating mind and being a close observer of nature. His practice was simple and safe. He had great confidence in the *vis medicatrix nature* and reserved extreme medicines for desperate cases. He did a large consultation practice, and his professional brethren the more cheerfully patronized him because he was so honestly, courteous and kind in all relations with them. He always traveled on horseback until near the close of life when infirmities made it necessary for him to go in a carriage. For more than half a century, by day and by night, in all weather and seasons, and when his route was by the most unfrequented and unbroken roads he responded to the summons of his patients with the same willingness and alacrity—All shared in his sympathies and services for he was the common friend of all.

No wonder that when he died a dark cloud shrouded the field of his labors; all mourned the loss of one who had been their own and their fathers' friend. The painful reflection that he could come to their call no more, caused despondency and gloom. They had almost hoped that he who had so long defended them from the assaults of disease and to whom they had confided their dearest earthly hopes, would have lived forever and been their safeguard and defense.

Dr. Williams was a sincere, earnest and devoted Christian. For more than fifty years he was a communicant of the Protestant Episcopal Church and was, most of the time, one of its officers; his labors, liberal contributions and wise counsels, were invaluable to her growth and prosperity.

He manifested throughout a long and painful illness the sincerity of his faith. During the tedious hours of his protracted sufferings not a murmur escaped his lips and when they were alluded to, he remarked that "his sufferings were nothing compared with what his Saviour endured for him." He united with a grateful heart in

the administration of the holy communion a few days before his departure.

He was familiar with the Scriptures, often repeating passages applicable to his situation. As his departure was drawing near he requested the reading of the twenty-third Psalm, which was a great favorite with him. On being asked if any cloud obscured his faith, he replied that all was clear and that "no language could express the glories of his vision of the future." Addressing those around him he said, "in the light of the everlasting Gospel may we all meet again." Memorable words; thus he lived and thus he died; peaceful and glorious was his departure. It was a fitting close of a well spent life.

Dr. Williams has left among his papers a memorandum of the symptoms of the disease known as Typhoid Poxemia or Spotted Fever, termed also from its place of origin, "the New Milford Fever," which we here append believing that it will prove interest to the profession.

He writes, "I was called on the 23d of January, 1812, to visit the first two cases known as the New Milford Fever. The weather of the autumn of 1811 had been unusually mild, and during the month of December for about six days it was mild, and then for about the same length of time, very cold. On the 24th of December there occurred one of the most severe snow storms experienced for many years; people in different parts of the town froze their ears and noses in taking care of their cattle and sheep. Fowls, sheep and cattle perished in large numbers. The weather from December to May was changeable, and there were three ice floods in the Housatonic river quite near the village during the winter.

As the weather changed from mild to cold, the disease became more fatal, and in the month of March, twenty-seven persons died in a circuit of two miles. The most severe cold weather commenced Dec. 24, 1811.

There were cases of this disease in Roxbury and Washington—neighboring towns in Litchfield county, and also in the towns of Araminta and Stamford, Dutchess county, N. Y. In 1813, there were a few cases in New Milford and the towns near, and the disease likewise prevailed in certain localities in New York, Massachusetts

setts and Vermont, not however in as malignant a form as in New Milford in 1812.

The disease attacked persons between the ages of 25 and 40; the most fatal cases were over 35 years of age. There were only three or four cases among children. The intermitte were very apt to die, while the temperate recovered from more severe symptoms than destroyed the intermitte.

The two first cases were visited first on the 23d of January, 1812, and again on the 24th; on this day, two new cases occurred—and on the evening of the 25th, the four were dead. Most of the cases of 1812, ran 24, 36 and 48 hours before they proved fatal.

The first symptom of the disease was a severe chill similar to that of intermittent fever, and in severe cases the persons did not have reaction but died in the cold fit. In other cases there was reaction with fever, stinging heat, a livid appearance of the cheeks and bloated face. Some, in the cold stage, had pain in the head with giddiness; a feeling of weakness pervading the whole body, and much difficulty of breathing—as if a weight was on the chest; they had some cough, with expectoration which varied in appearance. In the more severe cases the matter was like dark soap, and in a few cases there was a froth in the mouth like cotton wool; these soon died. When the expectoration became copious and was streaked with fresh blood the cases usually recovered, but when the tongue had a slimy appearance like dark putrid meat, they soon proved fatal. The urine was scanty and high colored, and the pulse, which was frequent increased in frequency with the disease and became soft and infrequent with the abatement of the symptoms. The discharges from the bowels were of a bilious character and became more dark as the disease advanced. In some cases there was vomiting, or an attempt to vomit. After 24 or 36 hours the patient would become easy, appear to sleep, and in a moment the skin would become moist; but no improvement resulted unless the expectoration was streaked with fresh blood. The patients would desire cold water, which invariably increased their distress."

Such were the symptoms of this most malignant disease as written out by Dr. Williams. The paper on its treatment is not to be found, which is much to be regretted.

PROCEEDINGS.

THE Officers and Fellows of the Connecticut Medical Society met in Convention at the Medical College in the city of New Haven, May 22d and 23d, 1861.

The Convention was called to order by Ashbel Woodward, M. D., President, at 11 o'clock, A. M.

Drs. Hunt and Downing were appointed a Committee on Credentials.

Dr. Hunt, Chairman, reported the following list of Fellows for the present year, viz.:

FELLOWS.

HARTFORD COUNTY.

Henry Holmes, M. D.	A. S. Warner, M. D.
E. K. Hunt, "	Wm. Scott, "
L. S. Wilcox, "	

NEW LONDON COUNTY.

*Mason Manning, M. D.	*A. W. Costa, M. D.
E. B. Downing, "	L. S. Paddock, "
Leah G. Porter, "	

FAIRFIELD COUNTY.

Elijah Gregory, M. D.	*Geo. Blackman, M. D.
*R. C. McEwin, "	George Dyer, "
D. H. Nash, "	

MIDDLESEX COUNTY.

Rufus Baker, M. D.	S. W. Turner, M. D.
Harace Burr, "	

NEW HAVEN COUNTY.

Isaac Goodell, M. D.	D. A. Tyler, M. D.
Asa J. Driggs, "	P. A. Jewett, *
L. N. Bourdley, "	

WINDHAM COUNTY.

Harvey Campbell, M. D.	*John McGregor, M. D.
John H. Simmons, "	Jas. B. Whitcomb, "
Milton Bradford, "	

LITCHFIELD COUNTY.

Samuel T. Salisbury, M. D.	*H. W. Shore, M. D.
Charles H. Webb, "	G. B. Miller, "
*H. M. Knight, "	

TOLLAND COUNTY.

F. L. Dickinson, M. D.	G. H. Preston, M. D.
*S. F. Pomeroy, "	

The President then read his Annual Address.

On motion, by Dr. Jewett,

Voted, That Prof. H. Bronson be requested to read the Biographical Sketch of Wm. Tally, M. D., prepared by him, during the Afternoon Session.

Drs. J. G. Adams, H. D. Bulkley, and J. Linsley, were introduced as Delegates from the N. Y. Academy of Medicine, and Drs. Hiram Corbin and C. S. Wood, as Delegates from the New York State Society.

On motion by Dr. Cutlin,

Voted, That the gentlemen above named be received as guests of the Society, and that the Secretary be directed to provide for their accommodation at the New Haven Hotel.

Dr. Jewett, on behalf of the New Haven City Medical Association, invited the Convention to a collation at the Timine, at 8 o'clock, P. M. Accepted.

Dr. Dickinson moved a vote of thanks to the President for his able and interesting Address.

The election of Officers being next in order, Drs. Paddock and Turner were appointed Tellers.

The following gentlemen were duly elected, viz.:

J. G. BECKWITH, M. D., PRESIDENT.

E. K. HUNT, M. D., VICE-PRESIDENT.

GEORGE O. SUMNER, M. D., TREASURER.

P. M. HASTINGS, M. D., SECRETARY.

Adjourned to 2½ o'clock, P. M.

Afternoon Session.

Dr. Jewett moved a suspension of the rules, and that the President appoint one Fellow from each County to nominate candidates to fill the vacancies in the Standing Committee. Adopted.

The following gentlemen were appointed a Nominating Committee, viz.:

Hartford County, Henry Holmes; New Haven County, Isaac Goodell; New London County, L. G. Porter; Windham County, Harvey Campbell; Fairfield County, Elijah Gregory; Litchfield County, Samuel T. Salisbury; Middlesex County, Rufus Baker; Tolland County, F. L. Dickinson.

The Committee were directed to report to-morrow morning.

By special order of the Convention, Prof. Brewster then read a Biographical Sketch of the late William Tully, M. D.

A vote of thanks was presented Dr. Brewster for his able paper and a copy requested for publication with the proceedings of the Convention.

The President appointed the following Committees, viz.:

On Unfinished Business of the last year:

Drs. Dyer, Wilcox, Packard, Burr, Deiggs, Simmons and Webb.

On Candidates for Gratuitous Course of Lectures:

Drs. Beardsley, Salisbury and Packard.

On Honorary Degrees and Honorary Membership:

Drs. Jewett, Salisbury and Downing.

To nominate Dissector and Alternator:

Drs. Porter, Tyler and Salisbury.

On Debatables:

Drs. Whitcomb, Miller and Preston.

On motion, by Dr. Jewett, it was

Resolved, That the Delegates appointed to the American Medical Association by the Convention last year, be continued to the next year.

The Annual Dissertation was read by John B. Lewis, M. D., of Rockville.

Dr. Porter moved a vote of thanks to Dr. Lewis for his able and philosophical Dissertation, and that the Secretary be directed to request a copy for publication with the proceedings.

Dr. Boardley, Chairman, recommended the following gentlemen for a Gratuitous Course of Lectures, viz.:

Frank B. Tuttle from New Haven County.

Samuel Lynch from New London County.

Thomas Hills from Tolland County.

Frederick A. Dudley from the State at large.

Report adopted.

Dr. Rockwell, Chairman, read the report of Committee on Publication. [See Appendix A.] The Committee offered the following resolutions, which were unanimously adopted, viz.:

Resolved, That the Secretary of the State Medical Society be requested hereafter to so compile the material designed for publication by the Society, that each year's pamphlet shall constitute one number of a volume; the volume to be made up of four such numbers; the paging to commence with the year 1890; that a table of Contents be placed upon the first page of each number, and that an index be added to the fourth number.

Resolved, That the officers and members of the several County organizations are earnestly requested to use all reasonable exertions to procure material in the form of dissertations and voluntary communications, for publication in the Proceedings.

Dr. Porter, Chairman, nominated L. S. Padlock, M. D., of Norwich, for Dissertator, and M. C. White, M. D., of New Haven, for Alternator. On motion, the nomination was confirmed by the Convention.

Dr. Jewett, Chairman, reported the names of J. G. Adams, M. D., and Jared Linsley, M. D., of New York, for Honorary Membership.

On ballot, Ebenezer Alden, M. D., of Randolph, Mass., and B. Forbysen Barker, M. D., of N. Y. City, were elected Honorary Members of this Society.

No report of Committee on Examination had been prepared.

Dr. C. L. Ives, Chairman of the Committee on reorganization of the Society upon a more voluntary basis, appointed at the last Convention, read a report, [vide Appendix B.] The following resolutions offered by the Committee were unanimously adopted.

1st. *Resolved*, That so much of the by-laws of this Society, as relates to debenture bills, be hereby repealed.

2d. *Resolved*, That in future Conventions, the business and literary meetings be held distinct; that a Committee of five be appointed at each Convention, three of whom shall be resident at or in the vicinity of the town where the Convention shall next be held, whose duty it shall be to make arrangements for the literary meeting; to solicit medical papers for the meeting; to examine the same and adjudge such prizes as the Society may offer; and to provide for a dinner, the expense of which shall be defrayed from the funds of the Society, and the Chairman be chosen by the preceding Convention.

3d. *Resolved*, That the by-laws exempting members over sixty years of age and the County Clerks, from taxation, be hereby repealed.

4th. *Resolved*, That each Medical publication as the Society's finances warrant, be distributed under direction of the Committee of Publication, to those members whose taxes are not in arrears.

5th. *Resolved*, That in future, the Conventions be held in the several Counties.

Dr. Dickinson moved that the Committee of Publication be referred to the Committee on Nominations. *Adopted*.

The Treasurer read his report.

Committee to audit Treasurer's account, Drs. Dickinson, Turner and Warner.

Adjourned to 8 o'clock A. M., to-morrow.

Thursday, May 25d, 1861.

Dr. Jewett moved that the Committee on Nominations be directed to report the names of five gentlemen to act as Committee of Arrangements for the next Convention. *Adopted*.

Bridgeport was selected as the place of the next Convention.

Dr. Dickinson, Chairman, reported that the Committee had examined the Treasurer's report and found it correct. Report accepted.

Dr. Sumner, Treasurer, presented the following General Summary:

Cash in Treasury,	\$59.17
Due from Clerks,	\$1,084.93
Deduct one half for commissions, had debts, allowments, &c.,	543.46½
Leaves	543.46½
Total of Cash and Due,	\$682.63½
The Society owes for outstanding debentures,	500.00
Leaves balance of	\$102.63½

Dr. Whiteside, Chairman, reported a Debiture bill, which was approved and ordered paid.

Dr. Hunt offered the following resolution which was unanimously adopted, viz.:

Whereas, The address on "Life," delivered yesterday, by our late President, Dr. Woodward, contains much valuable practical information, which in the opinion of this Convention, will be received and read by all intelligent persons, both with pleasure and advantage; therefore,

Resolved, That 700 extra copies of this address be printed in pamphlet form, and circulated by our Secretary, especially among the Clergy of the State and those engaged in the immediate management of our Schools and educational institutions of every class.

Dr. Jewett moved that the Secretary be directed, as far as practicable, to distribute the proceedings and publications of the Society, through members of Legislature; and that the Treasurer be directed to pay all necessary expenses incurred by the County Clerks in such distribution. Carried.

In compliance with the request of the Governor, that the "Connecticut Medical Society should designate a small number of the profession" who should act as an advisory Board in future appointments of Surgeons and Assistant Surgeons to the Connecticut Volunteers,

Dr. Hunt offered the following preamble and resolution, viz.:

Whereas, The fact of an impending war exists, which may be both prolonged and valiantous; and whereas, this Convention regard the health, comfort and well-being of the force of this State, is dependent very largely upon the qualifications of its Medical Staff; and whereas, none can so well ascertain, from the very nature of

the case, the qualifications of those who apply for the position of Surgeons or Assistant Surgeons, as their counterparts, the Physicians and Surgeons of the State represented in this Convention: there, fore be it.

Resolved, That it is expedient to appoint a Board of Medical men, who shall, whenever desired by the Governor, the Commander-in-Chief of the forces raised or to be raised in this State, assist that functionary, by all suitable means, in making said appointments; so that none but the best and most competent will be able to secure the offices in question.

Resolved, That this Committee consist of eight gentlemen, one from each County, and be selected by the Fellows. *Adopted*.

The following gentlemen were selected by the Fellows of the several counties to constitute such Committee, and confirmed by vote of the Convention, viz.:

Hartford County,	Gurdon W. Russell, M. D.
New Haven "	Elmy A. Jewett, "
New London "	Asabel Woodward, "
Windham "	Lucas Williams, "
Fairfield "	Robert Hubbard, "
Litchfield "	Joshua G. Beckwith, "
Middlesex "	Bains Baker, "
Tolland "	S. G. Bixby, "

On motion, the action of the New Haven County Meeting in the case of William C. Williams, of Cheshire, was confirmed. The said Williams being hereby expelled from the Society.

Dr. Woodward moved that a tax of two dollars be laid upon all members of the State Society, payable on the 1st day of June, 1861. *Passed*.

The Committee on Nominations reported the following list of names to fill the Standing Committees, viz.:

Horace Barr, M. D.,	} Committee on Examination.
Milton Bradford, "	
Henry W. Baell, M. D.,	} Committee to nominate Physician to
Gilbert H. Preston, "	
Robert A. Manswaring, M. D.,	} Com. to nominate Professors in
H. M. Knight, "	
Henry W. Baell, M. D.,	} Med. Institution of Yale College.
Henry Emerson, "	
	} Committee of Publication.

D. H. Nash, M. D.,	} Committee of Arrangements.
R. Hubbard, "	
E. Gregory, "	
S. W. Turner, "	
C. L. Ives, "	

On ballot, the above were elected.

The following delegates were appointed to attend the next Annual Meeting of the New York State Medical Society, viz.:

Hartford County,	P. M. Hastings, M. D.
New Haven "	Isaac Goodell, "
New London "	A. B. Halle, "
Windham "	Joseph Palmer, "
Fairfield "	Robert Hubbard, "
Litchfield "	B. Derrig, "
Middlesex "	Charles Woodward, "
Tolland "	Chas. F. Sumner, "

On motion of Dr. Woodward, a vote of thanks was tendered the New Haven City Medical Association, for the refined and generous hospitality extended to the members of this Convention.

Dr. Jewett nominated William B. Nash, to be the presiding officer at the annual dinner of the next Convention. Passed.

On motion,

Voted, That one thousand copies of the Proceedings be published for the use of the members of the Society.

Adjourned.

P. M. HASTINGS, M. D., *Secretary*.

Officers of the Society,

For 1861-62.

PRESIDENT.

JOSIAH G. BECKWITH, M. D., of LITCHFIELD.

VICE-PRESIDENT.

E. K. HUNT, M. D., of HARTFORD.

TREASURER.

GEORGE O. SUMNER, M. D., of NEW HAVEN.

SECRETARY.

PANET M. HASTINGS, M. D., of HARTFORD.

Standing Committee.

Committee on Examination.

JOSIAH G. BECKWITH, M. D., *ex officio*.

SAMUEL B. BERESFORD, M. D.

JOEL CANFIELD, M. D.

WILLIAM WOODRUFF, M. D.

HORACE BURR, M. D.

MILTON BRADFORD, M. D.

Committee to nominate Physicians to Retreat for the Insane.

LEWIS WILLIAMS, M. D.

A. R. HAILE, M. D.

ROBERT HUBBARD, M. D.

HENRY W. BUELL, M. D.

GILBERT H. PRESTON, M. D.

*Committee to nominate Professors in the Medical Institution of
Yale College.*

BENJAMIN H. CATLIN, M. D.
WILLIAM H. RICHARDSON, M. D.
D. H. HUBBARD, M. D.
ROBERT A. MANWARRING, M. D.
H. M. KNIGHT, M. D.

Committee of Publication.

JOHN B. LEWIS, M. D.
P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.
HENRY W. BUELL, M. D.
HENRY BRONSON, M. D.

Committee on Registration.

BENJAMIN H. CATLIN, M. D.
E. K. HUNT, M. D.
PLINY A. JEWETT, M. D.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

*FELIX PASCALIS,	New York.
*JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
*SAMUEL L. MITCHELL,	New York.
*DAVID HOSACK,	New York.
*WRIGHT POST,	New York.
BENJAMIN SILLIMAN, . . .	New Haven.
*GEORGE MCLELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE, . . .	East Greenwich, R. I.
*THEODORE ROMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
EDWARD DELAFIELD, . . .	New York.
JOHN DELAMATHER,	Cleveland, Ohio.
*WILLIAM P. DEWEES, . . .	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING, . . .	Boston, Mass.
*PHILIP SING PHYSIC,	Philadelphia, Pa.
*LEWIS HEERMAN,	U. S. Navy.
*DANIEL DRAKE,	Cincinnati, Ohio.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN BYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Hudson, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
*WILLIAM TULLY,	Springfield, Mass.
RICHMOND BROWNELL, . .	Providence, R. I.
*WILLIAM BEAUMONT,	St. Louis, Mo.

SAMUEL HENRY DICKSON,	Charleston, S. C.
*SAMUEL B. WOODWARD,	Northampton, Mass.
*JOHN STEARNS,	New York.
STEVEN W. WILLIAMS,	Deerfield, Mass.
*HENRY GREEN,	Albany, N. Y.
*GEORGE FROST,	Springfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
*AMOS TWITCHELL,	Reno, N. H.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
*JAMES M. SMITH,	Springfield, Mass.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	New York City.
JOHN WATSON,	New York City.
FRANK H. HAMILTON,	Buffalo, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL,	Albany, N. Y.
FOSTER HOOPER,	Fall River, Mass.
THOMAS C. BRINSMADE,	Troy, N. Y.
GEORGE CHANDLER,	Worcester, Mass.
GILMAN KIMBALL,	Lowell, Mass.
JAMES McNAUGHTON,	Albany, N. Y.
USHER PARSONS,	Providence, R. I.
S. D. WILLARD,	Albany, N. Y.
JOHN WARE,	Boston, Mass.
EBENEZER ALDEN,	Randolph, Mass.
B. FORDYCE BARKER,	New York City.

Gentlemen proposed for Honorary Membership.

J. G. ADAMS, M. D.	New York City.
JARED LINSLEY, M. D.	New York City.

ORDINARY MEMBERS.

The names of those who have been Presidents are in capitals.

HARTFORD COUNTY.

J. D. WILCOX, M. D., Chairman.

GEORGE CLARY, M. D., Clerk.

HARTFORD, Henry Holmes, S. B. Beesfield, G. B. Hawley, G. W. Russell, David Cury, P. W. Ellsworth, E. K. Hunt, J. S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, H. Griley, William Porter, John F. Wells, William E. Brownell, P. M. Hastings, Edward Bishop, Stephen H. Fuller, George Clary, W. H. Tremaine, Lucius S. Wilcox, Stephen E. Fuller, Henry S. Smead.	East Granby, Chester Haskins.
BELLEVILLE, E. Bevilacqua.	West Granby, Justin D. Wilson.
BLOOMFIELD, Henry Gray.	North Granby, Francis F. Allen.
BRIDGE, Russell Hawley.	MACTONAGARY, Wm. Scott.
BURLINGTON, William Elmer, 34.	NEW BRITAIN, Samuel Hart, E. D.
CANON, Colmanville, R. H. Tiffany.	Essex, H. N. Comings, S. W. Hart.
EAST HARTFORD, S. L. Child, H. K. Olin.	ROCKY HILL, B. W. Griswold.
BRAD BROOK, Marcus L. Fish.	SCHRECK, H. A. White.
WASHOOS POINT, Joseph Olin.	THURVILLE, G. W. Sadler.
ENFIELD, J. P. Coe, A. L. Spalding.	SOMERSET, John S. Bates, N. H. Byington, F. A. Hart.
THOMPSONVILLE, L. S. Pease.	SOUTH WINDSOR, H. C. Gillett, H. Goodrich.
FARMINGTON, Asahel Thompson.	EAST WINDSOR HILL, Sidney Rockwell, William Wood.
PLATTSVILLE, G. A. Moody.	SEYFELD, Aaron Rising, M. S. Newlin.
GILTINGHAM, H. Clayton Bates.	West Suffield, O. W. Kellogg.
SOUTH GILTINGHAM, C. E. Hargwood.	WYTHEMFIELD, E. F. Cook, A. S. Warner, R. Fay.
BARBER, John Stocking.	WEST HARTFORD, Edward Brace.
	WINDSOR, A. Mattison, S. A. Wilson.
	WINDSOR LOCKS, Samuel W. Skinner.
	AYCO, Frank Wheeler.
	SOUTH MANTON, A. J. Watson.

NEW HAVEN COUNTY.

CHARLES HOOKER, M. D., Chairman.

LEONARD J. SANFORD, M. D., Clerk.

- NEW HAVEN, Eli Ives, Jonathan Knight, Samuel Packard, A. S. Mason, Charles Hooker, Nathan B. Ives, E. H. Bishop, Levi Ives, P. A. Jewett, David L. Daggett, George O. Sumner, David A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Manslow, C. A. Lindsley, Washington Hooker, T. H. Totten, John Nicoll, Cass H. Austin, Moses C. White, L. J. Sanford, Chas. L. Ives, Edward Bakley, Jr., S. C. Goodin, Wm. B. De Forest, Frederick Dobbie, T. Ross Townsend, Daniel P. Foster, George A. Ward, Aaron S. Otterly.
 FAIR HAVEN, Charles S. Thompson, Wm. M. White.
 HARTVILLE, Samuel Lloyd.
 GRANTON, Henry W. Palmer.
 BETHANY, Asa C. Woodward.
 BRIDGEPORT, H. V. C. Holbrook.
 NORTH BRANFORD, Shelden Brambley.
 CROMWELL, A. J. Briggs, Edward Woodward.
 DERRY, Charles B. Finney.
 BIRMINGHAM, Ambrose Wardley.
 HARTFORDVILLE, Thomas Stoddard, S. C. Johnson, Joshua Kendall.
 GUILFORD, Joel Canfield, Abner Talbot.
 HARTFORD, Edwin D. Swift.
 MIDDLETOWN, D. M. Wells.
 WEST HARTFORD, B. H. CATLIN, E. W. Hark, Asa H. Chapin.
 MIDDLETOWN, Hall Allen, L. N. Bondley, Thomas Dutton.
 NARRAGANSETT, J. D. Means, John W. Lawton.
 NORTH HAVEN, E. F. Sullivan.
 GILFORD, Lewis Barnes.
 SOUTHBRIDGE, A. B. Baydit.
 SOUTH BRIDGE, N. C. Robbins.
 WASHINGTON, Schenck Banks.
 WATERBURY, M. C. Lounsbury, G. L. Fish, John Brown, O. F. Perkins, Fiske G. Rockwell, Thomas Doughty.
 WOODBRIDGE, Isaac Goodsell, Andrew Castle.

NEW LONDON COUNTY.

MAYOR MANNING, M. D., Chairman.

L. S. PARDOCK, M. D., Clerk.

- NEW LONDON, Dyer T. Drannell, Nathaniel S. Perkins, Isaac G. Foster, William W. Miner, D. P. Francis, Albert Holman, Robert A. Minnowing, Robert McCarthy Lord, A. T. Douglas.
 NORWICH, Richard P. Tracy, Erasmus Ogden, Elijah Dyer, Eliza Plimney, A. B. Hall, Edwin Bradley, Daniel F. Colburn, Lewis S. Fishbeck, D. W. C. Lathrop.
 BERTIN, Samuel Johnson.
 OXFORD, Rachel W. Parsons, Fredk. Morgan, Matamoras South.
 EAST LEXY, John L. Smith.
 FRANKLIN, ASH BEL WOODWARD.
 GILFORD, Joseph Darby.
 LEWISTON, Joseph Comstock, Ralph E. Green.
 LYONS, Richard Noyes.
 MONTVILLI, John C. Boies.
 CROMWELL, Samuel E. Maynard.
 PATER, Elmer H. Downing.
 STRATFORD, William Hyde, George E. Palmer, William Hyde, Jr.
 HYDE, Mayor Manning, S. M. Tyson.
 HYDE BRIDGE, E. F. Cooke.
 HYDE RIVER, A. W. Cooke.
 NASH, Owen E. Miner.

FAIRFIELD COUNTY.

E. P. BENNETT, M. D., Chairman.

D. S. BULL, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Brook.	Gregory, Samuel Iynes, Jas. Mc-
Greenfield, RUFUS ELAKEMAN	Lane.
Southport, James Sherwood.	South Norwalk, M. B. Padon.
BRIDGEPORT, D. H. Nash, F. J. Jaa-	Robbing, George W. Reck.
son, H. L. W. Nash, Wm. B.	RICHFIELD, O. S. Hickock.
Nash, Robert Hubbard, H. S. Ben-	SEABOARD, N. D. Hight, Lewis
nett, Elijah Gregory.	Hartford.
BROOKFIELD, A. L. Williams.	Dakota, Samuel Sands.
DANFORTH, E. P. Bennett, William U.	SEALYFORD, Wm. T. Shelton, James
Tennett.	Balfour, R. C. M. Egan.
HUNTINGTON, James H. Shelton.	THORNTON, George Dyer.
NEW CANAAN, Samuel S. Sayre,	WESTPORT, George Blackman, David
Lewis Richards.	S. Day.
NORWALK, John A. McLane, Dr.	GREENWICH, J. H. Hoyt.

WINDHAM COUNTY.

WM. H. CONGSELL, M. D., Chairman.

JAMES B. WHITECOMB, M. D., Clerk.

ANDOVER, John H. Simmons.	MOORE, Lewis E. Mason.
BROOKLYN, Jas. B. Whitecomb, Wm.	COOPERVILLE, Charles B. Rogers.
Woodbridge.	STURGEON, Wm. A. Lewis.
CANTONMENT, Elipha Balfour, Je-	YOUNGWOOD, Harvey Campbell.
seph Palmer.	THORNTON, Lovell Hallbrook, John
CHAPLIN, Otis Winter.	McGeorge.
ELKINGTON, Dyer Hagley, Jr.	Woodstock, Lorenzo Hays.
DARTMOUTH, James Hammond.	North Woodstock, Am. Winter, Eliza-
South Killingly, Daniel A. Boney.	nor Winter.
West Killingly, Samuel Hutchins, Da-	West Woodstock, Milton Bradford.
vid E. Hall.	PORTLAND, Hiram Holt, Lewis Wil-
East Killingly, Edwin A. Hall.	kins.
PURVIS, H. W. Bough, Nelson F.	WINDHAM, Chester Hall.
Benson.	Seotland, Calvin B. Bramley.
PLANKFIELD, WM. H. CONGSELL.	

LITCHFIELD COUNTY.

HENRY H. KNIGHT, M. D., Chairman.

G. H. MILLER, M. D., Clerk.

LITCHFIELD, J. G. Bockwith, H. W.	South Canaan, John A. Giffen.
Duell, D. F. Bumpick.	CORNWALL, Bennett B. North.
South Ferris, Garry H. Mason.	West Cornwall, Samuel W. Gold, Ed-
CANAAN, Thomas H. Smith, A. A.	ward Sandford.
Wright.	Gaylord's Bridge, G. H. St. John.

GOINES, A. M. Bailey.	SHAW, Ralph Denning, Wm. W. Knight.
HARWINTON, G. B. Miles.	Wickstrick, E. Barclay, J. W. Phelps.
KENT, Walls Burdley.	WARRER, John B. Decker.
NEW MILFORD, Jehiel Williams.	WASHINGTON, E. M. Fowler.
BRIDGEWATER, Horace Judson.	NEW PONTON, S. H. Lyman, R. P. Lyman.
NORTHFIELD, D. E. W. Camp.	Wm. Wmuel, James Welch, J. W. Eddyell.
NORFOLK, Wm. W. Welch, John H. Welch.	WRIGHT, Charles H. Webb, Har-ison W. Shaver.
PALMOUTH, Samuel T. Salisbury.	
PLYMOUTH Hollow, Wm. Woodruff.	
ROXBURY, Moses Downes.	
Salemville, Benjamin Welch, William Busch, H. M. Knight.	

WINDHAM COUNTY.

R. W. MATHEWSON, M. D., Chairman.

S. W. TYLER, M. D., Clerk.

MIDDLETOWN, Joseph Barth, Chas. Woodruff, Eliza B. Nye, George W. Burke, John E. Baker, Rufus Baker.	EAST HADDAM, Am. M. Holt, Dime Williams.
CHRONWELL, In Hutchinson.	HADDAM, Hove C. Bacon.
EAST HADDAM, F. G. Edgerton.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
Middle Haddam, A. B. Washington.	SAYBROOK, Am. H. King.
CHESHAM, S. W. Turner.	East, A. H. Bough, C. H. Hubbard.
CRISTON, D. E. Hubbard.	DEEP RIVER, Edgar Babbell, N. Nickerson.
DEERHAM, R. W. Mathewson.	Wethersick, Harvey Barr.

TOLLAND COUNTY.

WM. H. RICHARDSON, M. D., Chairman.

GILBERT H. PRINCE, M. D., Clerk.

TOLLAND, O. K. Egan, G. H. Fyfe.	MANCHESTER, Wm. H. Richardson.
BALTON, Charles F. Sawyer.	SUMNER, Owen Wood.
North Coventry, Elmer Hunt.	EAST STAFFORD, Wm. S. Clark.
South Coventry, Timothy Dimeck, Henry S. Dean.	West Stafford, J. C. Blodgett.
HANNOX, Orelia C. White.	STAFFORD SPRINGS, C. D. Newton.
MANCHESTER Center, Earl Swift, O. B. Griggs.	STAFFORDVILLE, S. F. Finnerby.
Manchester Depot, Norman Brigham.	Rockville, Allen Skinner, Stephen O. Bailey, John B. Lewis.
	WILKINSON, Frederic L. Dickinson.
	VERNON, S. G. Hall.

**SUMMARY OF ORDINARY MEMBERS FOR 1881; WITH DEATHS
REPORTED FOR THE YEAR ENDING APRIL 1, 1881.**

	Total.	Deaths.
Hartford County,	70	1
New Haven County,	72	0
New London County,	38	0
Fairfield County,	33	0
Windham County,	39	0
Litchfield County,	37	1
Haddam County,	34	1
Tolland County,	23	0
	325	3

NOTE.—*Fellow Members* of the Connecticut State Society are permanent members of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

**DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1881, WITH
THE AGE AND DISEASE SO FAR AS ASCERTAINED.**

		Age.	Disease.
Hartford County,	Wm. S. Parson,		
Litchfield County,	George Seymour,		
Haddam County,	Frederick W. Shepley,	48 yrs.	Pneumonia.

DUTIES OF COUNTY CLERKS.

To *keep* County Meetings.

To *record* the proceedings of the County Meetings.

To *collect* the taxes, and pay the same to the Treasurer.

To *transmit* to the Secretary a list of the elected Fellows, and the persons recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To *transmit* to the Treasurer the names of the Fellows elect, immediately after the County Meetings.

To *return* to the Treasurer the names of Members delinquent in taxes, with the amounts severally due from each.

To *transmit* duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To *report* to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificate of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and references, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gentlemen's Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Discussion.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous Business.

LIST OF ADDRESSES AND DISSERTATIONS DELIVERED IN CONVENTION.

- 1793 President's Address, by Dr. Leavertin Hubbard.
- 1794 Prize Essay on Autumnal Bilious Fever, by Dr. S. H. P. Lee.
- 1794 Prize Essay on the Properties of Opium, by Dr. Gideon Shepherd.
- 1795 Eulogy on Dr. L. Hubbard, by Dr. Ernes Munson, President.
- 1795 Prize Essay on the Preparation of Antimony, by Dr. F. P. Oviere.
- 1795 Prize Essay on the Different Species of Colic, by Dr. Thaddeus Betts.
- 1796 Prize Essay on the Contagion of Yellow Fever, by Dr. F. P. Oviere.
- 1796 Prize Essay on Cynanche Tonsillaris, by Dr. S. H. P. Lee.
- 1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
- 1796 Prize Essay on the same subject, by Dr. Gideon Shepherd.
- 1798 History of a case of Bilious Concretion, by Dr. Lemuel Hopkins.
- 1798 An Essay by Dr. Jared Potter.
- 1799 A Dissertation, by Dr. Thaddeus Clark.
- 1800 A Dissertation on Lunacy, by Dr. Nathaniel Dwight.
- 1804 Essay on the Stafford Mineral Waters, by Dr. Samuel Willard.
- 1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
- 1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
- 1818 On Ergot, by Dr. William Buel.
- 1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
- 1821 Dissertation on Uterine Hemorrhage by Dr. Samuel Rockwell.
- 1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
- 1823 Dissertation, by Dr. Dyer T. Brainerd.
- 1829 Dissertation on extra-uterine Conception, by Dr. George Sumner.
- 1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.

- 1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
- 1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.
- 1837 An Address by the President, Dr. Thomas Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Isaac G. Parson.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Benson.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.
- 1841 An Address by the President, Dr. Silas Fuller.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amariah Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middelbrook.
- 1843 A Dissertation on Pilehæm, by Dr. Pinckney W. Edworth.
- 1844 A Dissertation on the Respect due to the Medical Profession and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
- 1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
- 1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. B. Forsythe Barker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Alvan Talbot.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. Johnston C. Haack.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1852 An Address by the President, Dr. Rufus Baberman, on the Early Physicians of Fairfield County.
- 1852 A Dissertation on Popularizing Medicine, by Dr. St. Beach.
- 1854 A Dissertation on Damned Cervix Uteri, by Dr. Wm. B. Carey.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
- 1857 An Address by the President, Dr. Benjamin H. Cutlin.
- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Deane.
- 1858 An Address by the President, Dr. Benjamin H. Cutlin.
- 1859 An Address by the President, Dr. Ashbel Woodward.
- 1859 A Dissertation on the Issues, by Dr. Rufus Baker.
- 1899 An Address by the President, Dr. Ashbel Woodward.
- 1899 A Dissertation by Dr. A. H. Hale.
- 1861 An Address by the President, Dr. Ashbel Woodward.
- 1861 A Dissertation by Dr. J. B. Lewis.

APPENDIX A.

THE Committee of Publication reappointed by the last Convention, would report, that they met in Hartford, on the 20th inst., and examined the several papers which (at a late day) had been forwarded to them, and recommend the following for publication in the usual form, with the transactions of the Convention, viz:

A paper entitled a Sanitary Report from Hartford County, by L. S. Wilcox, M. D.; also a Biographical Sketch of the late Wm. S. Person, M. D., by A. Morrison, M. D., both read before the Medical Meeting for Hartford County. A paper containing a Biographical Sketch of George Seymour, M. D., by J. G. Beckwith, M. D., read before the Litchfield County Medical Meeting. A Biographical Sketch of F. W. Shepard, M. D., which was read before the Middlesex County Medical Meeting, by S. W. Turner, M. D. A Biographical Sketch of Reynold Webb, M. D., by Joel Chaffield, M. D.; also a Biographical Sketch of Asaet Moody, M. D., by B. H. Cullen, M. D., both read before the New Haven County Medical Meeting. The Committee are informed that an additional paper was read in the New Haven County Medical Meeting, which was a Biographical Sketch of Wm. Tully, M. D., by Henry Benson, M. D. The paper did not reach the committee for perusal, but they would recommend that Dr. Benson be requested to read it before the Convention immediately after the reading of this report.

Your Committee are bound in duty to express their regret, which amounts almost to discouragement, in the work assigned them; owing to the mortifying fact that so few papers are produced for publication in the volume of the Society's transactions. And especially that there has been a marked falling off of dissertations before County Meetings for the past two years; for from the eight

County gatherings which constitute the Society at large, but one scientific paper has been sent to the Committee during the past year.

Another source of embarrassment is the tardiness of many of the officers of County Meetings in forwarding promptly and in time such papers as have been referred to this Committee.

Your Committee are, however, gratified to note an increasing interest on the part of members to place upon the pages of the Society's annual proceedings as an enduring record, historical sketches of the lives—mementos of respect and affection for the names and characters of those brethren who are from time to time removed by death. These Biographical Sketches greatly enhance the value of the transactions, and contribute to the interest of the members in the same; whilst they evince a just fraternal bond of union and sympathy which should ever exist among members of the medical profession.

That portion of the President's Address in the year 1859, which was referred to this Committee, relating to the establishment of a periodical Magazine under the direction of the Society, and devoted to its interests, has been duly considered; and whilst they are not of the opinion that the time has yet arrived for the practicability of the enterprise recommended and ably presented by the President, yet the Committee believe that some of the desirable objects sought might be secured by adopting some measures which would excite more interest in the present publication of the Society. It has been suggested to the Committee that an alteration in the form of the pamphlet might conduce to this desirable end. It has been said is at the present time, the custom to so arrange the matter in the transactions that each year's proceedings constitutes a small book or pamphlet by itself, too small for binding, and without index or table of contents for convenience of reference. The consequence of which is that they are liable to be thrown aside amongst the rubbish papers of the Physician's office, to be mutilated and lost. Possibly this imperfect form of the Society's publications may account in some measure for the apparent backwardness there is among members in writing for it, and for the lack of exertion somewhat prevalent in the various County branches of this organization, to secure the publication of such papers as are produced and read before their respective meetings. With these views, and

in order to meet some of the wants, ably urged by the President in his annual address of 1859, which were referred and re-referred in 1860, to this Committee, they beg leave to report the following resolutions for the consideration and action of this Convention.

Resolved, That the Secretary of the State Medical Society hereafter be requested to so compile the material designed for publication by the Society that each year's pamphlet shall constitute one number of a volume, and that four numbers, or four of the annual proceedings shall constitute the volume; that they be so paged that the volume commence with the year 1860; also that an index be placed in the fourth or last number of the volume, and that a table of contents be placed upon the first page of each number. Also.

Resolved, That officers and members of the several County organizations are earnestly requested to use all reasonable exertion to procure material in the form of dissertations and voluntary communications for publication in the transactions.

P. G. ROCKWELL, M. D., Chairman.

APPENDIX B.

THE Committee appointed by the Convention of 1890 to consider the question of reorganizing the State Medical Society on a more voluntary basis, would respectfully

REPORT,

That, in their opinion, the need of a reform is evident and urgent.

The honored founders of our State Society, in 1797, obtained from the Connecticut Legislature a charter on the ground that "well regulated Medical Societies have been found to contribute to the diffusion of true science, and particularly to the knowledge of the healing art." A preamble to certain resolutions adopted by the Fairfield County Medical Society, two years after, aptly expresses the views then prevailing: "Whereas the material end, use and design of the Medical Society of Connecticut was to diffuse and cultivate medical knowledge among the faculty." To cultivate and diffuse medical knowledge among the profession, this was the grand object had in view by the originators of our medical organization. It is our duty, at this time, to inquire how thoroughly we are carrying out their intentions.

As a means for the cultivation of medical science, and especially for the dissemination of medical information, is this Society doing what it should, after an experience of sixty-nine years? Does it stand, in these respects, on an equality with kindred Societies in other States? To both these questions we must answer no. As an organization, this Society fails, in any appropriate degree, to develop the talent or professional zeal of its members, or to make use of the experience they have acquired for the general good. It

fails to secure the good will of many of its members, while an increasing proportion of regular physicians in the State refuse it even the support of their names. The mere formalities of routine business and discussions upon taxes consume the time of its Conventions, while the County Meetings are conducted in the same unprofitable style.

The question naturally arises, what is the cause of this inefficiency—what the practical defect that thus defeats the chief purpose of our organization? It may be attributed in great measure to whatever dissuades the members at large from a personal attendance upon, and interest in the transactions of the State Society, to whatever takes from each the sense of his individual responsibility to sustain and elevate the organization of which he is a member. The paying of certain ones to attend the Society's meeting operates in this way; so does the lack of attractiveness in the Society's annual gathering. Here then, are two openings for reform, and to meet the case your Committee bring forward two propositions.

I. To abolish the system of debentures, or payment of Fellows for attendance on Conventions; and II. To make every endeavor to render the Society's Annual Meeting of sufficient interest and profit to call out a general attendance.

Besides the apparent exclusiveness of the debenture system, its evils are, first, the dissatisfaction it produces among the members generally, who justly feel that they receive no suitable equivalent for their annual tax, since the greater portion of it is appropriated to the personal expenses of a few Fellows.

Increasing this discontent is, secondly, the inequality of the distribution among members of moneys returned by the debenture bills to the Counties. In one County, (Fairfield,) twenty-six out of fifty representations of that County in Conventions, from 1840 to 1850, were made by five individuals, these five thus holding claims for an attendance of more than half the time, a paying business for them.

A third evil is the waste of time in Convention by fruitless discussions over arrangements of discontented delinquents, not to speak of the hard feelings engendered thereby between the Counties.

While, fourth, is the unreasonableness of the amount allowed each Fellow for traveling expenses, whether we consider what the

expense of travel really is, or how much less an expenditure of time and money is now required, than before the day of railroads.

On the other hand, the money saved by the abolition of the debenture system may be so appropriated as to bring a satisfactory return to each member, besides stimulating the zeal of the more literary in the way of prizes. For example, in Massachusetts, where the Fellows receive no pay for their services, each member of the Medical Society for his three dollar tax receives, 1. Brithwaite's *Respect*, 2 volumes, subscription price \$2; 2. Copy of *State Transactions*; 3. Blanks for return of zymotic diseases; 4. a good social dinner provided for all attending the Convention, which averages five or six hundred or eight hundred members; while 5. a quarter of each one's tax, viz., seventy-five cents, is returned to the district society of which he is a member, to be applied to local expenses. Besides which, premiums for essays are offered, and volumes of various medical works repurchased and distributed to the Society. It should be noted that the Massachusetts Society have in addition a fund, the income of which, however, until recently, has furnished but a fourth of their resources, or about the amount returned to the local societies. Can we not in Connecticut do as well as this, at least as far as our limited means will allow?

But will members of our Society affiliate as Fellows, if they are not to be paid for their services? Little difficulty need be apprehended on this score, provided the Society carry out your Committee's second proposition—to make the Convention sufficiently interesting to call out a general attendance. To effect this, let the State Convention be made a Mass Meeting of the physicians of the State, its exercises of a literary character, embracing medical reports, essays and discussions. Premiums for essays may be offered to arouse competition, while a well-conducted social dinner would prove a great attraction.

Routine business, election of officers, &c., may be transacted by Fellows elected under our present charter, some time, say evening before the General Convention. This business meeting to be open to all members, who as now will have the right to speak, but not to vote.

It will be observed that the reforms suggested will require no legislative interposition for the modification of our charter, since they will be effected by a simple alteration of our by-laws.

Your Committee have recommended these reforms on the ground that thus a main object of the Society in cultivating and diffusing medical information will be promoted. But a motive more powerful than this urges upon us reform. It is a question of life or death with the Society. Its very existence is at stake. Go on as we have done for a few years past and what will be the result? Look at the facts. In 1844 the Society attained its highest number of taxable members, 378; by regular decrease these had fallen in 1850, six years, to 347; in 1860, ten years more, to 250. A loss in sixteen years of 128; in the last ten years of nearly 100 taxable—we can not say tax-paying members—and although the exempt have swelled from thirty-four to seventy, there is still a net loss of nearly a fourth of the number in 1844. This in the face of a large increase of our State population, and presumably a large increase of medical men. At this rate it is a mere question of time when our organization is to become extinct.

But in any attempt at reform, every member of the Society must understand and feel the individual responsibility that rests upon each alike. It is imperative that each one do what in him lies to carry the reform into efficient operation, if the organization is to be raised again to health and usefulness. Without such united and hearty endeavor, any movement of the Society in the line of reform will prove to be but the convulsive struggle that precedes its speedy dissolution.

Relying then upon the earnest co-operation of every member of the Society, your Committee would recommend the following

RESOLUTIONS.

1st. *Resolved*, That so much of the by-laws of this Society, as relates to debenture bills, be hereby repealed.

2d. *Resolved*, That in future Conventions, the business and literary meetings be held distinct; that a Committee of five be appointed at each Convention, three of whom shall be resident at or in the vicinity of the town where the Convention shall next be held, whose duty it shall be to make arrangements for the literary meeting; to solicit medical papers for the meeting; to examine the same and adjudge such prizes as the Society may offer; and to provide for a dinner, the expense of which shall be defrayed from the

funds of the Society, and the Chairman be chosen by the preceding Convention.

3d. *Resolved*, That the by-laws exempting members over sixty years of age and the County Clerks, from taxation, be hereby repealed.

4th. *Resolved*, That such Medical publications as the Society's finances warrant, be distributed under direction of the Committee of Publication, to those members whose taxes are not in arrears.

5th. *Resolved*, That in future, the Conventions be held in the several Counties.

CHARLES L. IVES, *Chairman*.

PROCEEDINGS.

THE Sixtieth Annual Convention of the Connecticut Medical Society was held in the city of Bridgeport, May 18th, and 19th, 1882.

The Convention was called to order by E. K. Hunt, M.D., Vice-President, at 11 o'clock, A.M.

The Secretary having read the list of Fellows returned by the Clerks of the several county meetings, Drs. G. W. Russell and M. Manning, were appointed a committee on Credentials.

Dr. Russell, Chairman, reported the following list of Fellows for the present year, viz:

HARTFORD COUNTY.

S. L. Child, M.D.	†P. A. Hart, M.D.
G. W. Russell, "	D. Crary, "
J. C. Jackson, "	

NEW HAVEN COUNTY.

David A. Tyler, M.D.	Asa H. Churchill, M.D.
Leonard J. Sanford, "	Alvan Talcott, "
Lewis Barnes, "	

NEW LONDON COUNTY.

Mason Manning, M.D.	†Robert McCurdy Leed, M.D.
Asahel Woodward, "	†Elijah Dyer, "
†N. M. Triben, "	

LITCHFIELD COUNTY.

Ralph Denning, M. D.	R. M. Fowler, M. D.
†H. W. Buell, "	H. M. Knight, "
†J. W. Phelps, "	

FAIRFIELD COUNTY.

†N. D. Haight, M. D.	Samuel S. Noyes, M. D.
D. S. Barr, "	H. N. Bennett, "
Robert Hubbard, "	

WINDHAM COUNTY.

Joseph Palmer, M. D.	†Edwin A. Hill, M. D.
Lewis Williams, "	†Lewis E. Dixon, "
†Wm. Woodbridge, "	

MIDDLESEX COUNTY.

Minor C. Hazen, M. D.	John E. Blake, M. D.
†G. C. H. Gilbert, "	

TOLLAND COUNTY.

Stephen F. Fossroy, M. D.	N. G. Hall, M. D.
Wm. H. Richardson, "	

The Vice-President appointed the following Committee, viz :

On Unfinished Business of the last year:

Drs. D. Crary, M. Manning, S. S. Noyes, J. E. Blake, D. A. Tyler, J. Palmer, R. Denning and N. G. Hall.

On Candidates for Graduate Course of Lectures:

Drs. L. J. Sanford, J. Palmer and R. Denning.

On Honorary Degrees and Honorary Membership:

Drs. A. Woodward, A. Talcott and D. S. Barr.

To nominate Dissertator and Alienate:

Drs. G. W. Russell, D. A. Tyler and Wm. H. Richardson.

Drs. H. N. Bennett and D. H. Nash, were appointed a committee to receive and introduce Delegates from Medical Societies of other States.

Dr. J. E. Blake presented a communication from the Middlesex County Medical meeting, stating that Dr. Ambrose Pratt, of Chi-

tes, had been expelled for consulting with irregular practitioners of Medicine.

On motion by Dr. E. Hubbard, it was

Resolved, That the action of Middlesex county meeting in the expulsion of Dr. Pratt, be ratified by this Convention.

Dr. Mason Manning presented a communication from the New London county meeting, petitioning for the Honorary degree of Doctor of Medicine to be conferred on Dr. John Gray, of Mystic River,—the communication was referred to the committee on Honorary Degrees and Honorary Membership.

The Treasurer read his report.

Committee to audit Treasurer's account, Drs. J. C. Jackson and A. Woodward—The account, on examination, was found to be correct and was so reported by Dr. Jackson, Chairman. Report accepted.

The following, is a general summary:

Cash in Treasury,	-	\$1.04
Due from Clerks,	-	\$1400.57½
Deduct one half for commissions, lost debts, statements, &c.,	-	700.28½
Leaves	-	700.28½
Total of Cash and Due,	-	\$701.32½
The Society owes for outstanding lectures and bal. on printing acct.,	-	\$11.03½
Leaves balance of	-	\$690.29

On ballot, John G. Adams, M.D., and Jared Lindsey, M.D., of New York city, were elected Honorary members of this Society.

Adjourned to 2½ o'clock, v. m.

Afternoon Session.

Usher Parsons, M.D., of Providence, was introduced as a Delegate from the Rhode Island Medical Society.

On motion by Dr. Bennett,

Resolved, That Dr. Parsons, and other Delegates who may arrive, be received as guests of the Society, and that the committee of arrangements be directed to provide for their accommodation at the Sterling House.

The reading of the annual Address, by the President, was deferred until 12 o'clock, A. M., Thursday.

The election of Officers being next in order, Drs. D. S. Burr and H. M. Knight, were appointed Tellers.

The following gentlemen were duly elected, viz :

JOSIAH G. BECKWITH, M.D., PRESIDENT.
 EBENEZER K. HUNT, M.D., VICE-PRESIDENT.
 GEORGE O. SUMNER, M.D., TREASURER.
 LEONARD J. SANFORD, M.D., SECRETARY.

The following gentlemen were appointed by the President to nominate candidates for the vacancies in the Standing Committees, viz :

Hartford county, S. L. Child; New Haven county, Lewis Barnes; New London county, Mason Manning; Windham county, Joseph Palmer; Fairfield county, D. S. Burr; Litchfield county, Ralph Deming; Middlesex county, M. C. Hazen; Tolland county, S. F. Pomeroy.

The report of the Committee on Examination—Dr. Joel Cardfield, Sec'y.—was read and accepted and its publication ordered with the Proceedings. [vide Appendix A.]

The report of the Committee on Publication, read by Dr. P. M. Hastings, acting Chairman, was accepted and ordered published. [vide Appendix B.]

The Committee appointed to act as an advisory Board to the Governor, in the appointment of Surgeons and Assistant Surgeons to the Connecticut Volunteers, (see Proceedings for 1861, pp. 28-9,) reported through Dr. G. W. Russell, Chairman.

On motion of Dr. E. K. Barn, it was voted to publish the report [vide Appendix D], and the advisory Board were requested to make a report, annually, to this Society.

Dr. Russell, Chairman of Committee to nominate the Dissertator for the coming year, reported the names of J. C. Jackson, M.D., of Hartford, as Dissertator, and Robert Hubbard, M.D., of Bridgeport, as Alternate.

On motion, the nominations were confirmed by the Convention.

Dr. Sanford, Chairman of Committee on Gratuitous Students, recommended the following list, viz :

Charles J. Tentant, of Hartford County.
 Benjamin M. Page, of New Haven County.
 John M. Browne, of Tolland County.
 Albert G. Browning, of Windham County.
 Francis J. Young, of Litchfield County.
 Frederick S. Tredway, from the State at large.

The report was accepted and the gentlemen designated, appointed.

The Committee on Nominations reported the following list of names to fill the Standing Committees, viz :

S. L. Child, M. D.,	} Committee on Examination.
Lewis Barnes, M. D.,	
Isaac G. Porter, M. D.,	} Committee to nominate Physicians to
John E. Blake, M. D.,	
Joseph Palmer, M. D.,	} Committee to nominate Professors in
Ralph Denning, M. D.,	
Miner C. Bauer, M. D.,	} Committee of Publication.
Charles L. Ives, M. D.,	
David Cory, M. D.,—Committee on Registration.	

On ballot, the above were elected.

The reports of the Committee on Registration, and on Honorary Degrees and Honorary Membership, were deferred until to-morrow morning.

The Committee of Arrangements gave notice that Dinner would be provided for the members of the Society and its guests, at the Sterling House, at 2 o'clock p. m., Thursday. They nominated Jonathan Knight, M. D., of New Haven, as Presiding officer, in place of Wm. B. Nash, M. D., of Bridgeport, who will be, necessarily, absent. Dr. Knight was accordingly chosen.

An invitation from Dr. Robert Hubbard, to pass this evening socially at his home, was accepted.

The following Delegates were appointed to attend the next Annual Meeting of the Rhode Island Medical Society, viz :

Hartford County,	J. C. Jackson, M. D.
New Haven "	L. J. Sanford, "
New London "	A. Woodward, "

Windham County,	Levi Williams,	M. D.
Fairfield "	R. Hubbard,	"
Litchfield "	J. G. Beckwith,	"
Middlesex "	G. C. H. Gilbert,	"
Tolland "	Wm. H. Richardson,	"

The following were appointed Delegates to the next Annual Meeting of the Massachusetts Medical Society, viz:

Hartford County,	S. L. Child, M. D.
New Haven "	A. Talbot, "
New London "	M. Manning, "
Windham "	J. Palmer, "
Fairfield "	S. S. Noyes, "
Litchfield "	H. Shore, "
Middlesex "	C. Woodward, "
Tolland "	S. G. Boley, "

On motion of Dr. H. N. Bennett, three Delegates were appointed to represent the Society at the next Annual Meeting of the New York State Medical Society, as follows, viz:

Des. E. K. Hunt, H. M. Knight and J. G. Beckwith.

On motion of Dr. Sumner, three Delegates were appointed to the next Annual Meeting of the New Jersey Medical Society, viz:

Des. C. A. Lindley, D. H. Nash and J. C. Jackson.

Dr. Ashbel Woodward moved that a tax of two dollars be laid upon all members of the State Society, payable on the 1st day of June, 1862. Passed.

An invitation from Tolland county Medical Meeting to hold the next annual Convention in Rockville, was accepted, and the following gentlemen were appointed a Committee of Arrangements, viz:

Francis L. Dickinson, M. D.
Alex Skinner, "
Stephen G. Boley, "
Gilbert H. Prodan, "
Stephen F. Pomeroy, "

Dr. Richardson nominated Dr. F. L. Dickinson, to be the presiding officer at the annual dinner of the next Convention. Passed.
Adjourned to 10 o'clock A. M., to-morrow.

Thursday, May 29th, 1862.

Convention was called to order by the President, when Prayer was offered by Rev. Mr. Willey, of Bridgeport.

Dr. Ashbel Woodward, Chairman of Committee on Honorary Degrees and Honorary Memberships, nominated A. J. Fuller, M. D., of Hath, Maine, for Honorary Memberships. The Committee also reported on the case of Dr. John Gray, of Mystic River, recommending "that the Committee on Examinations, of the Connecticut Medical Society, be directed to grant Dr. Gray a license to practice Medicine, should he be found worthy." The report was accepted and its recommendations approved.

The report of the Committee on Registration, read by Dr. B. H. Catlin, Chairman, was accepted and ordered published. [vide Appendix C.]

Dr. E. K. Hurl moved that the report of the Sanitary Committee of Hartford County for 1861, be published with the Proceedings. Passed.

On motion of Dr. Woodward, it was

Resolved, to publish 750 copies of the Proceedings for the use of the members of the Society.

On motion of Dr. Sumner, it was

Resolved, That the Secretary and Clerks be directed to transmit the Proceedings by mail, and that without prepayment of postage, provided they can be allowed by Post Masters thus to do.

The President then gave the annual Address.

Dr. Wm. Woodruff moved that the thanks of the Convention be presented to Dr. Beckwith for his able and valuable Address, and that a copy be requested for publication. Adopted.

Dr. Moses C. White, alternate Dissertator, read an elaborate review of the present state of the question of Spontaneous Generation.

By special request of Dr. White he was excused from presenting the paper for publication.

Dr. H. N. Bennett exhibited a patient on whom he had resorted the upper extremity of the Humerus for the removal of an *Echinodermoid* tumor which invested the head and shaft of the bone to a short distance below its surgical neck. The tumor measured in

its largest circumference, which corresponded with that of the humerus, thirteen inches. The length of bone removed was five and a half inches; the wound healed kindly. The operation was performed three months ago, and the patient is now able to perform pronation and supination of the fore-arm, and abduction and adduction of the entire limb, to a limited extent.

On motion of Dr. Woodward, a vote of thanks was tendered the Bridgeport City Medical Association, for the refined and generous hospitality extended to the members of the Convention.

Adjourned sine die.

Attest,

L. J. SANFORD, *Secretary.*

OFFICERS OF THE SOCIETY,
FOR 1862-63.

PRESIDENT.

JOSIAH G. BECKWITH, M.D., of LITCHFIELD.

VICE-PRESIDENT.

EBENEZER K. HUNT, M.D., of HARTFORD.

TREASURER.

GEORGE O. SUMNER, M.D., of NEW HAVEN.

SECRETARY.

LEONARD J. SANFORD, M.D., of NEW HAVEN.

STANDING COMMITTEES.

Committee on Examination.

JOSIAH G. BECKWITH, M.D., *ex officio*.

WILLIAM WOODRUFF, M.D.

HORACE BURN, M.D.

MILTON BRADFORD, M.D.

S. L. CHILD, M.D.

LEWIS BARNES, M.D.

Committee to nominate Physicians to Dissect for the Lecture.

ROBERT HUBBARD, M.D.

HENRY W. BUELL, M.D.

GILBERT H. PRESTON, M.D.

ISAAC G. PORTER, M.D.

JOHN E. BLAKE, M.D.

*Committee to nominate Professors in the Medical Institution of
Yale College.*

D. H. HUBBARD, M.D.
ROBERT A. MANWARRING, M.D.
H. M. KNIGHT, M.D.
JOSEPH PALMER, M.D.
RALPH DEMING, M.D.

Committee of Publication.

ROBERT HUBBARD, M.D.
HENRY W. BUELL, M.D.
HENRY BRONSON, M.D.
MINER C. HAZEN, M.D.
CHARLES L. IVES, M.D.

Committee on Registration.

E. K. HUNT, M.D.
PLINY A. JEWETT, M.D.
DAVID CARY, M.D.

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*WEIGHT POST,	New York City.
BENJAMIN SILLIMAN,	New Haven.
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*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
*THEODRIC BOMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
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JACOB BIGELOW,	Boston, Mass.
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*HENRY MITCHELL,	Norwich, N. Y.
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*WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Philadelphia, Pa.
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WILLARD PARKER,	New York City.
*BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
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J. MARION SYMS,	New York City.
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ROBERT WATTS,	New York City.
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USHER PARSONS,	Providence, R. I.
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EBENEZER ALDEN,	Randolph, Mass.
B. FORDYCE BARKER,	New York City.
JOHN G. ADAMS,	New York City.
JARED LINSLEY,	New York City.

Candidates for Honorary Membership.

A. J. FULLER, M.D.,	Bath, Me.
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ORDINARY MEMBERS.

The names of those who have been Presidents are in capitals.

HARTFORD COUNTY.

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LESLIE S. WILCOX, M. D., *Clerk.*

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wood, G. B. Hawley, C. W. Russell.	East Goshale, Chester Hamlin.
David Cary, P. W. Ellsworth, E.	West Granby, Justin D. Wilcox.
K. Root, J. S. Estlin, J. C. Jack-	North Granby, Francis F. Allen.
son, A. W. Rogers, Thomas Mize,	MANCHESTER, Wm. Scott.
H. Gridley, William Porter, John F.	NEW BRITAIN, Samuel Hart, E. D.
Wells, William H. Brownell, F. M.	Sabcock, D. S. Conings, S. W. Hart,
Hastings, Edward Frisley, Stephen	Harris B. North.
H. Yulee, George Gray, W. H. De-	Rocky Hill, R. W. Groszold.
make, Lucia S. Wilcox, Henry S.	SOMERS, R. A. White.
Stearns.	Turthill, G. W. Sandford.
BENLON, E. Brundage.	STURMONTON, Julius S. Barnes, N. H.
BLOOMFIELD, Henry Gray.	Trington, F. A. Hart.
BRENTON, Edward Hawley.	SOUTH WINDSOR, H. C. Gillette, H.
BROOKMONT, William Elton, M.	Goodrich.
CANTON, Collinsville, E. H. Tiffany.	East Windsor Hill, Sidney W. Rock-
EAST HARTFORD, S. L. Child, H. K.	well, William Wood.
Clayton.	STURMONT, Lucius Elting, M. T. New-
Round Brook, Marcus L. Fisk.	ton.
WATERMAN, Isaac, Joseph Glanville.	West Suffield, O. W. Keillogg.
EXETER, J. P. Corcoran, A. L. Spal-	WYCHMONT, E. F. Cook, A. S.
ding.	Warner, R. Fox.
THOMPSONVILLE, L. S. Pease.	WEST HARTFORD, Edward Bruce.
FARMINGTON, Asahel Thompson.	WINDHAM, A. Morrison, S. A. Wilson.
Halsville, B. A. Moody.	WINDHAM LOCKS, Samuel W. Skinner,
GLASTONBURY, H. Clinton Pence.	Levi Smith.
South Glastonbury, C. E. Hammond.	AVON, Frank Whedon.

NEW HAVEN COUNTY.

PHILO G. ROCKWELL, M.D., Chairman.

LESLIE J. SAYRE, M.D., Clerk.

<p>NEW HAVEN, Jonathan Knight, Samuel Pancher, A. S. Benson, Charles Booker, Nathan B. Ives, F. H. Bishop, Levi Ives, P. A. Jewett, David L. Duggent, George O. Skinner, David A. Tyler, Henry Breason, F. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Matthews, C. A. Lindsay, Woot- thampton Booker, T. H. Towner, John Mead, Caleb H. Austin, Moses C. Watts, L. J. Sanford, Chas. L. Ives, Edward Bailey, Jr., Wm. E. De- Forest, Frederick L. Debit, T. Ben- Trensend, Bence P. Porter, George A. Ward, Evelyn L. Russell.</p> <p>FALL HAVEN, Charles A. Thompson, Wm. M. White.</p> <p>ORANGE, Henry W. Painter.</p> <p>KEENE, Asa C. Woodward.</p> <p>BRANTFORD, H. V. C. Robinson.</p> <p>NORTH BRANFORD, Sheldon Beardsley.</p> <p>CHESHIRE, A. J. Briggs, Edward P. Woodward.</p>	<p>DEER, Charles B. Pierce.</p> <p>BRIMSLIGHAM, Andrew Beardsley.</p> <p>HANDSLEYVILLE, Thomas Roddard, S. C. Johnson, Joshua Kendall.</p> <p>CONSUMERY, Joel Canfield, Arvin Tal- cum.</p> <p>HAMMEX, Edwin D. Smith.</p> <p>MADISON, D. M. Webb.</p> <p>WEST MERRIMAN, E. H. CATLIN, E. W. Hatch, Asa H. Charvillat.</p> <p>MILFORD, Hall Allen, L. S. Beardsley, Thomas Estlin.</p> <p>NATUBUCK, J. D. Moore, John W. Lenton.</p> <p>NORTH HAVEN, R. F. Williams.</p> <p>OXFORD, Leslie Barnes.</p> <p>SOUTHERN, A. B. Barrin.</p> <p>SOUTH BRITAIN, N. C. Robbins.</p> <p>WALLINGFORD, Nicholas Linker.</p> <p>WATERBURY, M. C. Leavensworth, G. L. Platt, John Deacon, G. E. Per- kins, Philo G. Rockwell, Thomas Dougherty.</p> <p>WATERVILLE, Isaac Goodsell.</p>
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NEW LONDON COUNTY.

ISAAC G. PORTER, M.D., Chairman.

S. M. TRIMET, M.D., Clerk.

<p>NEW LONDON, Dyer T. Brainerd, Na- thaniel S. Perkins, Isaac G. Porter, William W. Miner, D. F. Francis, Albert Hobson, Robert A. Manu- ring, Robert McQuady Lord, A. T. Dougherty.</p> <p>SOMERSET, Richard F. Tracy, Dr. J. A. Osgood, Elijah Dyer, Eliza Chis- ter, A. K. Hall, Edwin Beasley, Daniel F. Gulliver, Lewis S. Pal- cock.</p> <p>ROCKFORD, Samuel Johnson.</p> <p>CHESHIRE, Richard W. Parsons, Fred L. Morgan, Melancthon Stone.</p>	<p>FRANKLIN, ASHERL WOODWARD.</p> <p>SHORE, Joseph Duffie.</p> <p>LEWIS, Joseph Comstock, Ralph E. Greer.</p> <p>LIME, Richard Noyes.</p> <p>MONTVILLE, John C. Rottis.</p> <p>PROCTOR, Elmer B. Dowling.</p> <p>STONINGTON, George E. Palmer, Wil- liam Hyde, Jr.</p> <p>MYSTIC, Mason Manning, N. M. Tilton, Myrtle Bridge, E. F. Coates.</p> <p>MYSTIC RIVER, A. W. Coates.</p> <p>NOVA, Olin E. Miner.</p>
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LITCHFIELD COUNTY.

D. E. BOSTWICK, M. D., Chairman.

G. B. MILLER, M. D., Clerk.

LITCHFIELD, J. G. BECKWITH, H. W.	Lakeville, Benjamin Welch, William
Bird, D. E. Bostwick.	Brook, H. M. Knight.
South Farms, Harry H. Miner.	West Cornwall, Samuel W. Gold, Ed-
CANAN, Thomas H. Smith, A. A.	ward Sanford.
Wright.	Gaylord's Bridge, G. H. St. John.
South Canan, John A. Giddell.	SHARON, Ralph Denning, Wm. W.
GOSDEN, A. M. Harley.	Knight.
HARTINGTON, O. R. Miller.	Waterbury, E. Bancroft, J. W.
NEW MILFORD, John Williams.	Phelps.
BRIDGEWATER, Hance Adams.	WARREN, John B. Derleason.
NORTHFIELD, D. B. W. Camp.	WASHINGTON, E. M. Fowler.
NORFOLK, Wm. W. Welch, John H.	New Preston, S. H. Lyman, E. P.
Welch.	Lyman.
PLYMOUTH, Samuel T. Salisbury.	West Whitist, James Welch, J. W.
Plymouth Hollow, Wm. Woodruff.	Bidwell.
ROBERT, Myron Dennis.	WOODBURY, Charles H. Webb, Har-
	ison W. Chase.

FAIRFIELD COUNTY.

N. D. HAIGHT, M. D., Chairman.

GEORGE W. ERECH, M. D., Clerk.

FAIRFIELD, A. P. V. E. Ten Broeck.	South Norwalk, M. R. Parker.
Greenfield, EUFUS BLAKEMAN.	STAMFORD, O. S. Hildock.
Southport, Justin Sherwood.	STAMFORD, N. D. Haight, Lewis R.
BRIDGEPORT, D. D. Nash, H. L. W.	Blodgett.
Burnt, Wm. R. Nash, Robert Hub-	North Stamford, George W. Birch.
bert, H. S. Bonatti, Elijah Gregory.	DANBURY, Samuel Bards.
ROCKFORD, A. L. Williams.	STAMFORD, Wm. T. Sheldon, James
DANBURY, E. P. Bennett, William C.	Baldwin, R. C. McEwen.
Bennett.	TRUMBULL, George Dyer.
HEWINGTON, James H. Shelton.	WESTPORT, George Blackman, David
NEW CANAN, Samuel S. Noyes, Lewis	S. Hart.
Richard.	WATERBURY, J. H. Hart.
SOURD, John A. McLane, Ira	
Gregory, Samuel Lyman, Jas. W. Mc-	
Lean, E. F. Lyon.	

WINDHAM COUNTY.

CALVIN B. BROMLEY, M. D., Chairman.

WILLIAM WOODBRIDGE, M. D., Clerk.

LESTER, John H. Milford.	MIDDY, Lewis E. Duxbury.
BROOKLYN, Jas. B. Whitcomb, Wm. Woodbridge.	CONTRERIAS, Charles H. Rogers.
CANTERBURY, Eliza Baldwin, Joseph Palmer.	SHERBORN, Wm. A. Lewis.
CHAPLIN, Olin Winer.	FOULSTON, Harvey Campbell.
HAMPTON, Dyer Hughes, Jr.	THUNDERBOLT, Lowell Hathcock, John McGowan.
DURVILLE, Josiah Hammond.	WOODSTOCK, Leonard Marry.
South Killingly, Daniel A. Bovey.	North Woodstock, Asa Wither, Ebenezer Wither.
West Killingly, Samuel Hartness.	West Woodstock, Milton Bradford.
East Killingly, Edwin A. Hall.	POWERS, Henry Holt, Lewis Williams.
PUTNAM, H. W. Hough, Gideon F. Benson.	WINDHAM, Chester Hunt.
PLAINFIELD, Wm. B. COGSWELL.	SCOTLAND, Cyrus E. Bousley.

MIDDLESEX COUNTY.

IRA HUTCHINSON, M. D., Chairman.

S. W. TURNER, M. D., Clerk.

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COGSWELL, Ira Hutchinson.	KILLINGWORTH, A. J. Webster.
CANTON, S. W. Turner.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
CLYBURN, D. H. Hubbard.	SARASOTA, Asa H. King.
DEERHAM, E. W. Mathewson.	FOUNTAIN, A. H. Benge, C. H. Hubbard.
EAST HADDAM, Asa M. Holt, Darius Williams.	DEEP RIVER, Edwin Edwell, N. Nicholson.
HADDAM, Miles C. Hays.	WESTBORO, Spencer Burr.

TOLLAND COUNTY.

ALDEN SKINNER, M. D., Chairman.

GILBERT H. PRATT, M. D., Clerk.

TOLLAND, O. K. Leiza, G. H. Trueman.	MANSFIELD DEPOT, Norman Brigham.
BEATON, Charles F. Sumner.	SCOTTS, Orson Wood.
South Coventry, Keeser Hunt.	STAFFORD, Wm. N. Clark.
South Coventry, Timothy Himes, Henry S. Deak.	West Stafford, J. C. Rhoads.
ELINGTON, J. A. Warren.	STAFFORD SPRINGS, C. R. Newton.
BRIMON, Orrin C. White.	STAFFORDVILLE, S. F. Tammory.
MANSFIELD, Wm. H. Richardson.	LOCKVILLE, Alden Skinner, Stephen G. Kirby, John E. Lewis.
Mansfield Centre, East Smith, O. B. Briggs, E. G. Sumner.	WILLIAMSTON, Francis L. Dickinson.
	VERMONT, N. Gregory Hall.

SUMMARY OF ORDINARY MEMBERS FOR 1902, WITH DEATHS
REPORTED FOR THE YEAR ENDING APRIL 1, 1902

	Total	Deaths.
Hartford County,	10	6
New Haven County,	61	1
New London County,	35	0
Litchfield County,	22	0
Fairfield County,	35	1
Windham County,	28	0
Madison County,	33	0
Tolland County,	22	0
	<hr/> 244	<hr/> 8

NOTE.—FELLOW FELLOWS of the Connecticut Medical Society are permanent members of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1902, WITH THE
AGE AND CAUSE OF DEATH.

New Haven County.

Lyman Parker, died April 22d, aged 71 years, of Pleuro-pneumonia.
Samuel Lloyd, died August 3d, aged 34 years, of Heart Disease.
Andrew Carter, died August 19th, aged 36 years, of chronic Gastritis.
Elz Iron, died October 8th, aged 82 yrs., and 5 mo's., of Hepatization of Lungs.

Fairfield County.

Frederick J. Jackson, died Feb. 9th, aged 58 years, of Phthisis.

Omitted accidentally from the obituary record of 1900

Wells Boardley, of Litchfield Co.—he died April 5th, 1900, aged 78 years.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures in the Yale Medical College, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, as is before the first day of the Convention.

To transmit to the Treasurer the names of the Fellows elect, immediately after the County Meetings.

To return to the Treasurer the names of Members delinquent on dues, with the amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceeding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Association.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Standing Committees appointed.
11. Committee to nominate Delegates to American Medical Association.
12. Committee on Candidates for Graduation Course of Lectures.
13. Committee on Honorary Degrees and Honorary Membership.
14. Committee to nominate Dissertation.
15. Dissertation.
16. Reports of Committee appointed on County Communications, Resolves, &c.
17. Reports of Standing Committees.
18. Reports of Committees in the order in which business was brought forward in Convention.
19. Miscellaneous Business.

LIST OF ADDRESSES AND DISSERTATIONS

DELIVERED IN CONVENTION.

- 1792 President's Address, by Dr. Leavenitt Hubbard.
- 1794 Prize Essay on Autumnal Bilious Fever, by Dr. S. H. P. Lee.
- 1794 Prize Essay on the Properties of Opium, by Dr. G. Shepherd.
- 1795 Eulogy on Dr. L. Hubbard, by Dr. Eneas Monson, President.
- 1795 Prize Essay on the preparation of Antimony, by Dr. F. P. Ouxiere.
- 1795 Prize Essay on the Different Species of Colic, by Dr. T. Betts.
- 1796 Prize Essay on the Contagion of Yellow Fever, by Dr. F. P. Ouxiere.
- 1796 Prize Essay on Cyanache Tonsillaris, by Dr. S. H. P. Lee.
- 1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
- 1796 Prize Essay on the same subject, by Dr. Gideon Shepherd.
- 1798 History of a case of Bilious Concretion, by Dr. L. Hopkins.
- 1798 An Essay, by Dr. Jasei Porter.
- 1799 A Dissertation, by Dr. Thaddeus Clark.
- 1800 A Dissertation on Loxacy, by Dr. Nathaniel Dwight.
- 1804 Essay on the Stafford Mineral Waters, by Dr. S. Willard.
- 1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
- 1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
- 1818 On Ergot, by Dr. William Bush.
- 1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
- 1821 Dissertation on Uterine Hemorrhage, by Dr. Samuel Rockwell.
- 1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
- 1823 Dissertation, by Dr. Dyer T. Brintard.
- 1829 Dissertation on extra-uterine Conception, by Dr. Geo. Scamner.
- 1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.
- 1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
- 1836 Influence of Moral Emotions on Disease, by Dr. F. H. Bishop.
- 1837 An Address by the President, Dr. Thomas Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Isaac G. Porter.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Benson.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.

- 1841 An Address by the President, Dr. Silas Follet.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amasa Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middlebrook.
- 1843 A Dissertation on Pileitis, by Dr. Parkes W. Ellsworth.
- 1844 A Dissertation on the Respect due to the Medical Profession and the Remuneration that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. S. B. Ives.
- 1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
- 1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. B. Furdree Barker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Alex. Talcott.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. J. C. Hatch.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1852 An Address by the President, Dr. Rufus Blakeman, on the Early Physicians of Fairfield County.
- 1853 A Dissertation on Popularizing Medicine, by Dr. S. L. Beach.
- 1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. B. Caspary.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hallford.
- 1857 An Address by the President, Dr. Benjamin H. Cutler, on the Connecticut Medical Society.
- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
- 1858 An Address by the President, Dr. Benjamin H. Cutler, on the Claims of the Regular Medical Profession to the Confidence of the Community.
- 1859 An Address by the President, Dr. Ashbel Woodward, being an Historical Account of the Connecticut Medical Society.
- 1859 A Dissertation on the Issue, by Dr. Rufus Baker.
- 1860 An Address by the President, Dr. Ashbel Woodward, on Medical Ethics.
- 1860 A Dissertation on Hygiene, by Dr. A. B. Hall.
- 1861 An Address by the President, Dr. Ashbel Woodward, on Life.
- 1861 A Dissertation on Hereditary Predisposition, by Dr. J. B. Lewis.
- 1862 An Address by the President, Dr. Josiah G. Bockwith, on Medical Progress.
- 1862 A Dissertation, being a review of the present state of the question of Spontaneous Generation, by Dr. M. C. White.

APPENDIX A.

Report of the Committee on Examination.

THE annual examination in the Medical Institution of Yale College of Candidates for the degree of Doctor of Medicine, was held Wednesday, January 8th, 1862.

The Board of Examiners present were, on the part of the Connecticut Medical Society, Josiah G. Beckwith, M.D., of Litchfield, President; Joel Canfield, M.D., of Guilford, William Woodruff, M.D., of Plymouth Hollow and Horace Barr, M.D., of Westbrook; and on the part of Yale College, Professors Jonathan Knight, Charles Becker, Benjamin Silliman, Jr., Mary A. Jewett and C. A. Lishley. The examinations were eminently satisfactory and resulted in the approval of the following gentlemen for the degree of Doctor of Medicine, who read and defended Theses on the subjects attached to their names, viz:

EDWARD ORSON COWLES, B.A., of North Haven, on the Mammary Gland.

NATHANIEL WELLS FRENCH, of Concord, New Hampshire, on Phthisis.

EDWIN LATHAM GARDNER, of Montrose, Penn., on the Age in which we live.

JARVIS FRANCIS LINER, of New Haven, on Catarrhal Oorjancivitis.

ROLLIN McNEIL, of New Haven, on Purpura Hemorrhagica.

CHARLES WOOLLEY SUFFERT, of New Haven, on Scurvy.

A. T. DOUGLAS, M.D., of New London, and Henry Benson, M.D., of New Haven, were appointed to give the annual addresses to the Candidates, in 1863 and 1864.

Joel Canfield, M.D., of Guilford, was appointed to report the proceedings of the Board to the President and Fellows of the Conn. Medical Society. The Board then adjourned to July 24th, 1862—the day before Commencement.

[Signed]

JOEL CANFIELD.

APPENDIX B.

Report of the Committee of Publication.

THE Committee of Publication would respectfully report—

That the following communications have been received, which the Committee would recommend for publication in the Proceedings of the current year, viz:

A paper on Diphtheria, by G. B. Hawley, M. D., of Hartford.

An Account of two unusual cases of Disease, by David Crary, M. D., of Hartford.

A Dissertation on the Plastic constituents of the Blood, by Leonard J. Sanford, M. D., of New Haven.

A paper on Hypodermic Medication, by Benjamin H. Catlin, M. D., of West Meriden.

A Dissertation on the Sympathetic Nerve, by N. Gregory Hall, M. D., of Vernon.

An account of a case of Cerebro-Spinal Disease, by Ralph Deming, M. D., of Sharon.

Brief sketches of the Early Physicians of Norwich, by Ashbel Woodward, M. D., of Franklin.

Notes on a case of Ligation of the External Iliac Artery, by J. W. Lawton, M. D., of Naugatuck.

Respectfully submitted.

P. M. HASTINGS, *Acting Chairman.*

APPENDIX C.

Report of the Committee on Registration.

THIS Society has, at different times, appointed Committees on Registration of Births, Marriages, and Deaths. At the annual Convention held in Hartford, May, 1857, an appointment was made for this purpose, and it was raised to the dignity of a Standing Committee from which an annual report was expected. Dr. E. K. Hart, the first Chairman, made a full and interesting report to the Convention in Waterbury, May, 1858. Since that time, the Record shows no action of the Committee, and it is presumed there has been none.

This neglect is to be sincerely regretted, for a very partial examination by the present Committee, manifests the necessity of important improvement in our system of Registration.

The late period at which your Committee were able to direct attention to the subject of their appointment, will prevent their making as full and perfect a report as they could wish. We can barely call attention to some defects in our system of Registration, and suggest some alterations which if carried out, would make it more perfect.

Two able reports on this subject have been made to the American Medical Association and published in the Transactions, since action was taken by our Committee. One, in 1858, by Edward Jarvis, M. D., of Massachusetts, a member of the Committee on Registration, the other, in 1859, by W. L. Sullivan, M. D., Chairman, and signed by the different members of the Committee. One great object of the latter report was, to perfect and recommend for adoption "a uniform plan for registration reports of Births, Marriages and Deaths." This report ought to have received the early attention

of this Society, and our blanks and reports made to correspond with the plan there recommended.

BIRTHS.

The Certificates for births recommended by the Committee of the American Medical Association require, in addition to the particulars of those used in our State, the color of the Child, whether white, black or mulatto, whether born *alive* or *dead*, the maiden name of the mother, birth place of parents, father and mother—and your committee would suggest the addition of one more—the number of the birth, 1, 2, 3, &c. These facts are all important in enabling us to compare the fecundity of the different States, and the relative proportion of the sexes. All births should be included in one table of births: The still-born and plurality births should also be arranged in separate tables.

The law of Connecticut requires the return of the name of the child, if it have any; the result is, as we are informed by the State Librarian, we get only about five or six per cent. of the names. He recommends that the returns of births be made quarterly, by the Registrars instead of by Physicians.

In Rhode Island, it is made the duty of the Town Clerks to collect the statistics of births, and for each full report of a birth so obtained, he receives ten cents. The Committee would recommend that one-half the fee now allowed to Physicians and midwives be withheld till the same in full is returned, and if they fail to return, then the Registrar shall obtain the name and receive the balance of the fee. The fee, though three-fifths larger than in Rhode Island, is a very trifling affair to most Physicians, and would have very little influence upon their returns, but it has an important effect in securing returns from irregular practitioners and midwives. It would be interesting to compare the relative fecundity of the native born, and those of foreign birth; by having the birth place of the parents, we could ascertain this fact.

A perfect record of births is important for a variety of purposes. It enables those who have a fancy for tracing family genealogies—quite a numerous and influential class—to secure their object speedily, cheaply and with a perfection not otherwise attainable.

It establishes the Identity of persons for the purpose of settling estates, thus securing the ends of justice. Again, it often settles the question of the residence of paupers, a question which has cost the inhabitants of this State many times the expense of registration: In a word, it is a ready method of establishing the identity of an individual, which may be of eminent importance in a great variety of ways, the want of which in former times, has already been the occasion of an immense amount of litigation, with its attending alienation of friendship which ought to have been sacred and permanent, together with an incalculable amount of costs, both of time and money. If we fail to secure the names of those whose births are recorded it will be of little value, and these important ends will not be secured.

MARRIAGES.

The Committee of the American Medical Association require, in addition to the questions in the blanks in this State, the No. of marriage of the groom, the No. of marriage of the bride, names of the parents of each party, their birth place and occupation. These, in the opinion of your Committee, are important and reasonable requirements and should be added to our blanks.

In view of the immense injury to the morals of the community resulting from the culpable looseness with which the marriage relation is entered into, and the frequent divorces occurring, the Committee would recommend the alteration of our statute laws so that they shall require the marriage contract to be drawn up in legal form, signed by the parties, sealed and witnessed in the presence of the proper officer, and that this should constitute the marriage in law; after which, the parties with the certificate signed by the officer, might go to a Clergyman and have the usual religious ceremony performed.

DEATHS.

The only additions to our blanks for the return of deaths, necessary to make them conform to those recommended by the Committee of the National Society, are the names and birth places of the parents of the deceased persons; our State Librarian is of the opinion that these should be added, and with this opinion your Committee coincide.

The State Librarian also thinks that if the certificates of death were retained to him, instead of the abstracts, it would more certainly preserve names and other facts which are now lost. He is quite emphatic on this point.

If these were sent without correction by the local Registrars unaccompanied with an abstract, they would, the Committee think, be found very imperfect and unreliable. Registrars who are qualified for this office and take an interest in this business, do very much to perfect their returns. The Committee are acquainted with some Registrars whose labors in this respect are very faithful and important. Their returns after correction and with an abstract, would avoid all objections, and would be more convenient and useful for reference.

It is proper to remark under this head, that if the still-born are recorded among the births, they should also be included in the deaths.

We can judge of the perfection or rather imperfection of our system of Registration returns and reports, by comparing them with those of other States.

"The law of Massachusetts requires the Secretary of State to prepare three sets of blank forms or sheets for recording severally the births, the marriages, and the deaths. These sheets are ruled with distinct columns, for each of the facts which are to be reported. One half of these sheets are bound in separate volumes, and the others are unbound. The volume of each of the three kinds, and the loose sheets, are sent to each of the cities and towns in the State, and the clerks record, both in the volume and on the loose sheets, all the facts which are required by law in respect to the births, marriages and deaths."† The copy on sheets is returned to the Secretary of State, the bound volumes are retained in his office. The towns and city clerks are required to collect the facts in regard to the births, and the sexton or undertaker, those of the deaths. "The Secretary of State, in each year employs some skillful Physician, learned in these matters, to digest and arrange the facts into tables and prepare such deductions and observations as may make them most useful to the people. Dr. Josiah Curtis, an eminent

† Dr. Jarvis's report, Transactions of the Am. Med. Association, Vol. XI, page 329.

statistician, had charge of the reports for 1843, 1849, 1850, 1851 and 1857, and Dr. Nathaniel B. Shurtleff, a scholar of rare requirements and historical research, had the charge of the intervening reports. The documents produced by these gentlemen are very valuable and highly useful to the world at large, and especially to the student of the law of population and mortality, and they are important contributions to the science of life. They now make an annual volume of over two hundred pages; the last, covers nearly three hundred pages.*

In Rhode Island also, the Secretary of State, with the approval of the Committee of Registration of the Rhode Island Medical Society, appoints some well qualified Physician to superintend the tabulation of the statistics and contribute remarks thereon. Dr. Edward B. Crane, of Providence, was employed in 1853 and 1854. In the latter year his remarks and observations cover fifty-four pages and contain many interesting facts and important principles in connection with the vital movements of the population.† As in Massachusetts, the town and city clerks collect the facts in regard to births, and the failure to return the name of the child is the exception, not the rule. The Secretary of State in his report for 1859 says, "there are also a few towns which have failed to return the names of the children born."

That Massachusetts, which is a State eminent in every good work, should take the lead in Registration, was to say the least, not unexpected, but that Rhode Island should have more perfect returns, and reports altogether superior to ours, was not anticipated.

The Committee would by no means be understood to disparage the labors of our excellent State Librarian, they would rather award him their hearty and sincere thanks for what he has done for a number of years in making out our reports without, as we understand, fee or reward. But, as he remarks, it has no connection with his office as Librarian, and he further states that he has no

* Transactions of the Am. Med. Association, Vol. XI, pages 579, 70.

† Since this Article was written we have learned that the reports of the R. I. Med. Soc. for 1854 and 1855 were prepared by Charles W. Parsons, M.D., of Providence. The Committee would here express their obligations for copies of the same, as also for those of 1859 and 1860.

special taste for such labors. He would cordially unite with the Committee in recommending the appointment of some competent Physician who would relish such labors and have a laudable ambition to signalize himself in the work, as well as serve and do honor to the State.

Your Committee would recommend that this Convention appoint, or authorize the Committee of Registration to appoint, some Physician to assist in making the next report upon Registration and that he be requested to accompany it with such remarks and observations as will be calculated to promote the advancement of science and the cause of registration in our State.

B. H. CATLIN, *Chairman.*

APPENDIX D.

Report of the Advisory Board Committee.

The Committee appointed at the last Convention "to act as an Advisory Board in future appointments of Surgeons and Assistant Surgeons to the Connecticut Volunteers," would report—

That they met at Hartford on the 30th day of May, 1861, and organized by the appointment of Dr. G. W. Russell as Chairman, and Dr. Robert Hubbard as Secretary.

By vote, their services were formally tendered to the Governor of the State, who thanked the Convention for responding to his wishes, and stated that as the Committee was large, he should call upon a part of them for aid.

An Act was soon after passed by the General Assembly, providing for the examination of all candidates for Surgeons and Assistant Surgeons by a Medical Board, and the undersigned were informed by notice from the office of the Adjutant General that they were to constitute this Board.

It may perhaps be interesting to the profession to learn something of our proceedings, and there seems to be no impropriety in making the following statement to the Convention.

The Board has held twelve sessions, ten, in Hartford, and two, in New Haven, and has examined fifty-seven persons. Of these, fourteen have been recommended to the Governor to be commissioned as Surgeons, and twenty-five as Assistant Surgeons.

We felt the responsibility of our position, and have endeavored to do our duty faithfully, both to the Volunteers, and to those gentlemen who presented themselves to us. It was not thought to be necessary to make the examinations as critical or as extensive as in the regular service, but to ascertain if the candidates were well instructed in the practical duties of their profession,

medical as well as surgical, and were ready and prompt in showing it. It is believed that in knowledge and efficiency, our medical corps will compare favorably with that of any State.

Two of the number have died in the service, Dr. John B. Welch of Winsted, second Assistant of the 12th Regiment, on board the ship *Fulton*, on the passage to Ship Island, of Scuriaria; and Dr. D. W. C. Lathrop of Norwich, first Assistant of the 8th Regiment, at Newbern, North Carolina, of Typhoid Fever. Dr. Welch gave promise of much success, and Dr. Lathrop was indefatigable in attention to his duties, and had won the respect and confidence of his regiment.

GURDON W. RUSSELL,	} Committee.
P. A. JEWETT,	
ASHBEL WOODWARD,	

NOTE.

The Sanitary Report of Hartford County for 1861, accepted for publication on motion of Dr. E. K. Hart—see page 57—could not be obtained.

PROCEEDINGS.

The *Seventy-first* Annual Convention of the Connecticut Medical Society was held in *Rockville*, Tolland County, May 27th and 28th, 1863.

The Convention was called to order by J. G. Beckwith, M.D., President, at 11 o'clock, a. m., of the 27th.

The Secretary having read the list of Fellows returned by the Clerks of the several county meetings, Drs. Gideon L. Platt, Calvin B. Bronsley and George W. Barke, were appointed a committee on Credentials.

Dr. Platt, Chairman, reported the following list of Fellows for the present year; and also, as Delegates from other State Medical Societies, Jacob P. Whittemore, M.D., of New Hampshire, and Thomas C. Fittell, M.D., of New York. Report accepted.

FELLOWS.

HARTFORD COUNTY.

G. W. Sanford, M.D.	William Scott, M.D.
†George B. Hawley, "	George A. Moody, "
S. W. Rockwell, "	"

NEW HAVEN COUNTY.

Nathan B. Ives, M.D.	†Daniel M. Webb, M.D.
Gideon L. Platt, "	†T. Boon Townsend, "
Moses C. White, "	"

NEW LONDON COUNTY.

†George E. Palmer, M.D.	John Gray.
†N. M. Tibben, "	†A. B. Halls, M.D.
D. P. Francis, "	"

FAIRFIELD COUNTY.

{E. P. Bennett, M.D.	Roger M. Gray, M.D.
{A. L. Williams, "	{O. S. Hiskok, "

WINDHAM COUNTY.

{Gideon F. Bantow, M.D.	{Lewis Williams, M.D.
Calvin B. Brewster, "	{William Woodbridge, "
{Samuel Hitchins, "	

LITCHFIELD COUNTY.

{A. M. Husley, M.D.	{Charles N. Webb, M.D.
James Welch, "	{Ralph Denning, "
{David E. Rootwick, "	

MIDDLESEX COUNTY.

R. W. Mathewson, M.D.	{Charles Woodward, M.D.
George W. Burke, "	

TOLLAND COUNTY.

William N. Clark, M.D.	A. R. Goodrich, M.D.
Edwin G. Sumner, "	

The following Resolution, offered by the Secretary, was passed :

Resolved, That Drs. Whittencott of New Hampshire, and Fennell of New York, and Delegates from other Societies who may arrive, be welcomed as guests of this Society, and that the committee of arrangements be instructed to provide for their accommodation at the Rockville Hotel.

The reading of the annual Address by the President, was deferred to 11 o'clock, a. m., of Thursday, the 29th.

The election of Officers being next in order, Drs. A. R. Goodrich and L. J. Sanford, were appointed Tellers.

The following gentlemen were duly elected, viz :

EUENEZER K. HUNT, M.D., PRESIDENT.

NATHAN B. IVES, M.D., VICE-PRESIDENT.

JAMES C. JACKSON, M.D., TREASURER.

LEONARD J. SANFORD, M.D., SECRETARY.

The newly elected Officers took seats upon the platform, when

The President appointed as a Committee to bring forward Unfinished Business, Drs. M. C. White, James Welch and Wm. N. Clark.

The President informed the Convention that he was in possession of a donation to the Connecticut Medical Society, of Fifty Dollars, which the donor, Dr. Gordon W. Russell of Hartford, had suggested should be appropriated as a premium for a Dissertation on some Medical subject.

On motion of Dr. White, it was

Resolved, That the above communication be referred to a Committee consisting of the President and two Fellows—the latter to be appointed by the former. The President designated as the Committee, Drs. E. K. Hunt, M. C. White and F. L. Dickinson.

Adjourned to 2 o'clock, *p. m.*

Afternoon Session.

On motion of Dr. G. W. Sanford, it was

Resolved, That the thanks of this Convention are due, and they are hereby tendered to Josiah G. Beekwith, M.D., for the able and impartial manner in which he has discharged the duties of President, during the past two years.

The Committee on Unfinished Business reported, through Dr. White, Chairman, a communication from the "Advisory Board Committee" concerning appointment of Surgeons for the Army; Resolutions from the New London County Medical Meeting, praying for action of the Society to secure abatement of Taxes upon Registration Certificates; and a petition from Dr. P. G. Rockwell of Waterbury, urging the appointment of William H. Hise for gratuitous attendance upon the next course of Lectures of the Yale Medical School, should any vacancy occur in the several Counties. Report was accepted, and the communications submitted were ordered to be laid on the table.

The Ex-Treasurer read his report of the last year.

Drs. Wm. Scott, James Welch and G. W. Burke, were appointed a Committee to audit Treasurer's account. The account, on examination being found correct, was accordingly reported by Dr. Scott, Chairman. Report accepted.

The following, is a general summary :

Cash in Treasury,		\$4.95
Due from Clerks,	\$1627.94	
Deduct one half for commissions, bad debts, abatements, &c.,	\$13.97	
Leaves		<u>\$13.97</u>
Total of Cash and Due,		\$1641.95
The Society owes for outstanding debentures,		<u>469.62</u>
Leaves balance in favor of the Society, of		\$1172.33
Balance " " last year, was		<u>90.24</u>
Excess of balance of this year over that of the last, is		\$212.09

On motion of the Secretary, it was unanimously

Resolved, That the thanks of this Society are due, and they are hereby tendered to George O. Sennet, M.D., its late Treasurer, for the faithful manner in which he has discharged the difficult and laborious duties of the office, during a period of twelve years.

The following, offered by Dr. Beckwith as a By-Law, was unanimously adopted,

Resolved, That, hereafter, the Secretary of this Society be Chairman, *ex officio*, of the Committee of Publication.

The vacancies on the Standing Committee were filled by general ballot—and, in order to facilitate the business, it was, on motion of Dr. Goodrich, voted to ballot on only one vacancy on the same ticket.

The following gentlemen were elected, viz:

D. P. Francis, M.D.,	} Committee on Examination.
Sidney W. Rockwell, M.D.,	
Calvin B. Beasley, M.D.,	} Committee to nominate Physician to William Scott, M.D., } Retiree for Inmate.
William Scott, M.D.,	
Gideon L. Platt, M.D.,	} Committee to nominate Professors in David A. Tyler, M.D., } Medical Institution of Yale College.
David A. Tyler, M.D.,	
Francis L. Dickinson, M.D.,	—Committee of Publication.
George W. Burke, M.D.,	} Committee on Registration.
Lidian S. Wilson, M.D.,	

The President appointed the following Committees, viz:

On Honorary Degrees and Honorary Membership:

Drs. S. W. Rockwell, A. B. Goodrich and Wm. N. Clark.

On Candidates for Gratuitous Course of Lectures:

Drs. C. B. Easley, James Welch and E. P. Bennett.

To nominate Dissertator and Alternates:

Drs. G. W. Burke, D. P. Francis and S. W. Rockwell.

To nominate Delegates to Meeting of American Medical Association for 1884:

Drs. G. W. Sanford, G. L. Platt and John Gray.

To nominate Delegates to Meetings of State Medical Societies in correspondence with Connecticut Medical Society:

Drs. J. G. Beckwith, M. C. White and R. W. Mathewson.

On motion of Dr. White, the petition of Dr. P. G. Rockwell in behalf of Mr. Hine was referred to the Committee on Candidates for Gratuitous Course of Lectures.

Dr. White, of the Committee on the "Russell Donation," submitted the following recommendations, viz:

I. That the sum of Fifty Dollars, tendered to this Society by G. W. Russell, M.D., to be expended for a Prize Essay, be accepted, and that the thanks of the Society be presented to Dr. Russell for his munificent donation.

II. That this Convention offer the above Fifty Dollars as a prize for the best Essay that shall be presented by any member of the regular profession in this State, before April 1st, 1884, to a Committee appointed for the purpose.

III. That a special Committee of three, be appointed to select two subjects for dissertation, and to examine and decide upon the merits of the Essays which may be presented,—the subjects and the conditions of the prize to be published with the Proceedings of this Convention. Report was accepted and its recommendations adopted.

On motion of Dr. G. W. Sanford, it was

Resolved, That a Committee of three, including the President as Chairman, be appointed by the Chair to fulfil the requirements of the third recommendation.

The President accordingly appointed as the Committee, Drs. E. K. Hart, Charles L. Ives and H. M. Knight. [For subjects, and conditions of award, vide Appendix F.]

Samuel H. Pennington, M.D., and Frederick N. Bennett, M.D.,

from the Medical Society of the State of New Jersey, were introduced to the Convention.

The report of the Committee on Examination—Dr. Horace Barr, Sec'y,—was read and accepted and its publication ordered with the Proceedings. [vide Appendix A.]

The report of the Committee to nominate Professors in the Medical Institution of Yale College, read, in the absence of the Secretary Dr. H. M. Knight, by Dr. Beckwith, was accepted, unanimously adopted and ordered published. [vide Appendix B.]

Dr. Beckwith, Chairman of Committee to nominate Delegates to State Medical Societies, recommended the appointment of the following, who are authorized to provide substitutes in case they do not attend the meetings.

To Medical Society of the State of New York; Drs. J. G. Beckwith, G. W. Russell and P. G. Rockwell.

To Medical Society of the State of New Jersey; Drs. L. J. Sanford, C. A. Lindley and M. C. White.

To Medical Society of the State of Massachusetts; Drs. James Welch, N. B. Ives and G. L. Platt.

To Medical Society of the State of New Hampshire; Drs. Worthington Hooker, J. C. Jackson and J. W. Barker.

To Medical Society of the State of Rhode Island; Drs. D. P. Francis, A. B. Goodrich and E. K. Hunt.

The report was accepted and the gentlemen designated appointed.

Dr. G. W. Sanford, Chairman of Committee to nominate Delegates to the Meeting of the American Medical Association for 1884, recommended Drs. C. Woodward, H. N. Bennett, Wm. Hyde and Wm. H. Cogswell. The report was accepted and the nominees appointed.

Dr. Brewster, Chairman of Committee to nominate Candidates for a gratuitous course of Lectures, recommended the following list, viz:

Henry E. Childs, of Hartford County.

Durell Shepard, of New Haven County.

John D. Broulge, of Fairfield County.

William Water, of Windham County.

George S. Beckwith, of Litchfield County.

Edward D. Hubbard, of Middlesex County.

John C. Herrick and William H. Hine, from the State at large.

The report was accepted and the students named, appointed.

Miscellaneous business being in order

Dr. George W. Barks suggested the expediency of modifying somewhat the present arrangements of the Society in order to secure a more cordial cooperation of the members at large, in its undertakings.

After a brief discussion of the subject it was referred for consideration and report, to a Committee consisting of one from each County, to be appointed by the Chair.

The President announced as the Committee, Drs. G. W. Sanford, Hartford County; G. L. Hall, New Haven County; D. P. Francis, New London County; R. M. Gray, Fairfield County; C. B. Bronsley, Windham County; James Welch, Litchfield County; G. W. Barks, Chairman, Middlesex County; Wm. N. Clark, Tolland County.

On motion of Dr. Beckwith, it was voted to expunge from the "Duties of County Clerks," the articles requiring certificates of Fellowship to be transmitted to the Secretary and Treasurer, on, or before the first day of each annual meeting.

Dr. M. C. White moved that a tax of two dollars be laid upon all members of the Conn. Med. Society, payable on the first day of June, 1863. *Passed.*

Also, on motion of Dr. White, the Secretary was instructed to publish 600 copies of the Proceedings for the use of the members of the Society.

An invitation from Dr. Goodrich to spend this evening socially at the Rockville Hotel, as guests of the Tolland County Medical Association, was accepted.

Adjourned to 8 o'clock, A. M., to-morrow.

Thursday, May 28th, 1863.

Present at adjournment the Convention was called to order by the President.

Dr. S. W. Rockwell, Chairman of Committee on Honorary Degrees and Honorary Membership, nominated Dr. John Gray of New London County as a Candidate for the Honorary degree of Doctor of Medicine, and for Honorary Membership in the Connecticut Medical Society, the following gentlemen, viz:

Samuel H. Pennington, M.D., Newark, N. J.
 Frederick N. Bennett, M.D., Orange, N. J.
 Thomas W. Blauclford, M.D., Troy, N. Y.
 Thomas G. Fittell, M.D., New York City.
 N. C. Husted, M.D., New York City.
 Jacob P. Whittiersen, M.D., Chester, N. H.

The report was accepted and the nominations agreed.

On ballot, A. J. Faller, M.D., of Bath, Me., was elected an Honorary member of this Society.

On motion of Dr. Backwith, it was

Resolved, That the thanks of the Convention be, and they are hereby tendered to the Tolland County Medical Association and to the citizens of Rockville and vicinity, for their manifest provision and generous hospitality extended to the members of the Profession during the session at Rockville at the present time.

Dr. Burke, Chairman of the Committee to devise a plan for promoting the usefulness and popularity of the Society, submitted the following Resolutions:

Whereas, The custom of this Society in regard to debentures and taxes was, at the session of 1861, materially changed and whereas many good members who had faithfully complied with the requirements of the Society until they had reached the age at which according to our By-Laws they were exempt from taxation now feel aggrieved at being again taxed without any corresponding equivalent, therefore,

Resolved, I. That the payment of the tax of two dollars, be optional with all members over sixty years of age.

II. That the practice of furnishing a dinner from the funds of this Society is inconsistent with the true interests of the Profession and ought to be discontinued.

III. That the surplus of income of the Society, after paying current expenses, be devoted to the purchase of valuable medical publications to be distributed equally to all members and its arrears.

IV. That the Clerks of the several County Societies be requested hereafter, in their annual returns, to specify the names of paying members.

V. That the taxes of the Fellows in attendance at the annual State Convention be abated,—in place of the old debenture system.

VI. That hereafter, the meetings of the Society be held as formerly, —alternately in Hartford and New Haven. Also

Resolved, That the foregoing Resolutions be submitted to the County Meetings for action at their next session and, if ratified, that they be incorporated in the By-Laws of this Society.

The report was accepted and ordered to be sent to the several County Associations for their consideration.

Dr. Pratt proposed the following Resolution, which was adopted on motion of Dr. Welch.

Resolved, That this Convention recommend to the County Medical Associations that each five Fellows to the State Convention, that two of the Fellows be elected for two consecutive years, and that those Counties electing three Fellows, elect one Fellow for two consecutive years.

Dr. Burke, Chairman of Committee to nominate a Dissertator for the ensuing year, reported the names of P. M. Hastings, M.D., of Hartford, as Dissertator, and John E. Blake, M.D., of Middletown, as Alternate. The nominations were confirmed.

The report of the Committee of Publication, read by Dr. H. W. Bach, acting Chairman, was accepted and ordered published. [vide Appendix C.]

The report of the Committee on Registration, by Dr. E. K. Hunt, Chairman, was accepted and ordered published. [vide Appendix D.]

The "Advisory Board Committee" (see Proceedings for 1891, pp. 28-9), made a report through Dr. Russell, Chairman, who also presented a catalogue of the appointments made since the organization of the Committee. The report and catalogue were ordered printed. [vide Appendix E.]

Dr. Beckwith, of the Delegation to the last annual meeting of the Medical Society of the State of New York, read a report of the proceedings of that meeting, which was accepted and ordered to be lodged on file.

Dr. Jackson, of the Delegation to the last Convention of the Medical Society of the State of New Jersey, made a brief oral report of its proceedings, which was also accepted.

Dr. M. C. White gave an account of an interesting and novel surgical case which he was requested to put in writing for the next number of the Proceedings, (see page 289 of this volume.)

An Essay by Dr. Adabel Woodward, being a vindication of our Army Surgeons against the charge of incompetency, was read by his son, P. H. Woodward, Esq., and ordered published.

On motion of the Secretary, it was voted that the thanks of the Society be tendered to Dr. A. Woodward, Surgeon of the 53th Regiment of Conn. Volunteers, for his valuable paper in defense of our Army Surgeons.

The Annual Dissertation, on "Logic applied to Medical Science," was read by James C. Jackson, M.D., of Hartford; a copy of which was requested for publication.

On motion of the Secretary, it was voted that the thanks of this Society be extended to Dr. Jackson, for the able manner in which he has discharged the duties of Dissertator on the present occasion.

J. G. Beckwith, M.D., of Litchfield, then commenced his Annual Address,—pending its reading, a motion to adjourn to 2 o'clock, P. M., was carried.

Afternoon Session.

Dr. Beckwith concluded the reading of his Address.

On motion of Dr. Burks, it was

Resolved, That the thanks of the Society are hereby tendered to its retiring President, Dr. Beckwith, for the eloquent historical Address delivered before the present Convention; and that a copy be requested for publication.

An invitation from the Fellows of New Haven County to hold the next annual Meeting in New Haven, was accepted.

On motion of Dr. Burks, it was

Resolved, That the public Dinner, at the expense of the Society, be dispensed with next year.

On motion of Dr. White, it was

Resolved, That the wearing of Communications for the next literary meeting devolve upon the Committee of Publication.

Adjourned sine die.

Attest,

L. J. SANFORD, *Secretary.*

OFFICERS OF THE SOCIETY,
FOR 1883-84.

PRESIDENT.

EBENEZER K. HUNT, M.D., of HARTFORD.

VICE-PRESIDENT.

NATHAN B. IVES, M.D., of NEW HAVEN.

TREASURER.

JAMES C. JACKSON, M.D., of HARTFORD.

SECRETARY.

LEONARD J. SANFORD, M.D., of NEW HAVEN.

STANDING COMMITTEES.

Committee on Examination.

EBENEZER K. HUNT, M.D., *ex officio*.

MILTON BRADFORD, M.D.

S. L. CHILD, M.D.

LEWIS BARNES, M.D.

D. P. FRANCIS, M.D.

SIDNEY W. ROCKWELL, M.D.

Committee to nominate Physicians to Retiree for the Future.

GILBERT H. PRESTON, M.D.

ISAAC G. PORTER, M.D.

JOHN E. BLAKE, M.D.

CALVIN B. BEOMLEY, M.D.

WILLIAM SCOTT, M.D.

*Committee to nominate Professors in the Medical Institution of
Yale College.*

H. M. KNIGHT, M.D.
JOSEPH PALMER, M.D.
RALPH DEMING, M.D.
GIDEON L. PLATT, M.D.
DAVID A. TYLER, M.D.

Committee of Publication.

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JACOB P. WHITTEMORE, M.D.,	-	Chester, N. H.

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U.S. 8. Haverly, G. W. Russell.	
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main, Lucian S. Wilcox, Henry S.	ROCKY HILL, R. W. Griswold.
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Kearley.	Westmore, K. A. White.
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SOUTH GLASTENBURY, C. E. Hammond.	WINDSOR LOCKS, Samuel W. Skinner,
Litchbury, John Crocker.	Levi Jewett.

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SOUTHPORT, James Sherwood.	R. T. Lyons.
BRIDGEPORT, D. H. Nash, H. L. W.	SOUTH NORWALK, M. E. Pardee.
Barrill, Wm. E. Nash, Robert Hal-	NORWALK, O. S. Hickok.
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BROOKFIELD, A. L. Williams.	Harbison.
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Burnett.	STANFORD, Wm. T. Shelton, James
DANBURY, Samuel Sands.	Baldwin, E. C. McKewen.
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HARTFORD, James H. Shelton.	WESTPORT, George Blackman, David
MAYNOR, Roger M. Gray.	S. Burr.
NEW CANAAN, Samuel B. Soper, Lewis	
Richards.	

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Woodbridge.	PITMAN, H. W. Bough, Odeon F. Bar-
CANTONMENT, Elijah Baldwin, Joseph	stow, David B. Plympton.
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CHAPLIN, Ovin Winter.	SHRELLS, Wm. A. Lewis.
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KILLINGLY, Depewille, Justin Ham-	Motinger, Charles Hasford.
mond.	VALLEYTON, Harvey Campbell.
South Killingly, Daniel A. Harvey.	WOODSTOCK, Leveas May.
West Killingly, Samuel Hutchins.	North Woodstock, Asa Walter, Theo-
EAST KILLINGLY, Edwin A. Hill.	der Witter.
	West Woodstock, Miles Bradford.

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HENRY DAVIS, M.D., Clerk.

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BETHLEHEM, Henry Davis.	SALMONCREEK, Lakeville, Benjamin Welch,
BRIDGEMAN, George Jackson.	William Russell, Henry M. Knight.

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CANAAN, South, John A. Gilbert.	TORRINGTON, Waterbury, Emma
CORNWALL, West Cornwall, Samuel W. Gold, Edward Newell.	BARRETT, Jeremiah W. Phelps.
GOVERN, Asahel M. Haxley.	WADSWORTH, John B. Dickinson.
HARWINTON, G. B. Miller.	WASHINGTON, Henry M. Fowler.
MARRIS, Garry H. Miner.	New Freedom, Sidney H. Lyman, Edward P. Lyman.
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NOTYON, Wm. W. Welch, John H. Welch.	WESTMORE, Charles H. Webb, Herman W. Sherr.

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SILVESTER W. TURNER, M.D., Clerk.

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CHATHAM, Middle Haddam, A. B. Woodington.	KILLBUCK, A. J. Wheeler.
CHESHAM, S. W. Turner.	OLD FARM, Asa H. King.
CHESHAM, D. M. Hathfield.	POMFRET, George O. Jarvis, G. C. H. Jarvis.
CHESHAM, Dr. H. Hathfield.	SAKONNET, Deep River, Edwin Edwell, Nelson H. Nickerson.
CHESHAM, R. W. Mathewson.	WESTMORE, Herman W. Sherr.
EAST HADDAM, Asa M. Boff, Darius Williams.	

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GILBERT H. PIERSON, M.D., Clerk.

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South Coventry, Timothy Danforth, Henry S. Deak.	Stafford Springs, C. E. Newton.
ELLINGTON, J. A. Warner.	Staffordville, S. F. Pomroy.
HARRIS, Otis C. White.	VERNON, N. Gregory Hall.
MADISON, Wm. H. Richardson.	VERNON DEPOT, A. E. Goodrich.
Manfield Center, Earl Swift, O. E. Griggs, Edwin G. Sumner.	Rockville, Stephen G. Haley, John B. Lewis.
Manfield Depot, Norman Brigham.	WILLIAMSTOWN, West, Francis L. Dickinson.

**SUMMARY OF ORDINARY MEMBERS FOR 1902; WITH DEATHS
REPORTED FOR THE YEAR ENDING APRIL 1, 1903.**

	Total	Deaths.
Hartford County, -	69	0
New Haven County,	50	2
New London County,	33	3
Fairfield County,	34	0
Windham County,	39	1
Litchfield County,	25	1
Middlesex County,	22	0
Tolland County,	30	1
	<hr/> 317	<hr/> 7

NOTE.—Former Fellows of the Connecticut Medical Society are permanent members of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

**DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1903, WITH THE
AGE AND CAUSE OF DEATH.**

New Haven County.

Melrose Conklin Lawrence, died Nov. 16th, 1902, aged 66 years, and 13 months, of Phthisis.

Charles Hooker, died March 15th, 1903, aged 64 years, of Typhoid Pneumonia.

New London County.

DeWitt C. Lathrop, died April 14th, 1903, aged 43 years, of Typhoid Fever.

Dyer T. Bradner, died Feb. 6th, 1903, aged 78 years, of Apoplexy.

Windham County.

Lewis E. Dixon, died Feb. 5th, 1903, aged 47 years, of Phthisis.

Litchfield County.

Jehiel Williams, died June 9th, 1902, aged 80 yrs., and 8 mo's., of Senility.

Tolland County.

Alden Skinner, died March 20th, 1903, aged 65 years, of Malarious Fever.

Deceased accidentally from the Obituary Record of 1902.

John L. Smith, of New London Co., died Dec. 22th, 1900, aged 77 years, of Paralysis.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the clerical Fellows, and the persons recommended as a candidate for a gratuitous course of lectures in the Yale Medical College, immediately after the County Meetings, for publication.

To return to the Treasurer the names of Members delinquent on taxes, with amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Associations.

RULES OF ORDER.

1. Organization.
2. Certificate of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Standing Committees appointed.
11. Committee to nominate Delegates to American Medical Association.
12. Committee on Candidates for Graduation Course of Lectures.
13. Committee on Honorary Degrees and Honorary Membership.
14. Committee to nominate Dissertator.
15. Dissertation.
16. Reports of Committees appointed on County Communications, Resolves, &c.
17. Reports of Standing Committees.
18. Reports of Committees in the order in which business was brought forward in Convention.
19. Miscellaneous business.

LIST OF ADDRESSES AND DISSERTATIONS DELIVERED IN CONVENTION.

- 1792 President's Address, by Dr. Leavertt Hubbard.
- 1794 Prize Essay on Annular Eclipses Fever, by Dr. S. H. P. Lee.
- 1794 Prize Essay on the Properties of Opium, by Dr. G. Shepherd.
- 1795 Eulogy on Dr. L. Hubbard, by Dr. Eneas Mosson, President.
- 1795 Prize Essay on the preparation of Antimony, by Dr. P. P. Oatere.
- 1795 Prize Essay on the Different Species of Colic, by Dr. T. Betts.
- 1796 Prize Essay on the Contagion of Yellow Fever, by Dr. F. P. Oatere.
- 1796 Prize Essay on Cynanche Testicularis, by Dr. S. H. P. Lee.
- 1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
- 1796 Prize Essay on the same subject, by Dr. Gideon Shepherd.
- 1798 History of a case of Eclipses Concretion, by Dr. L. Hopkins.
- 1798 An Essay, by Dr. Jared Potter.
- 1799 A Dissertation, by Dr. Thaddeus Clark.
- 1800 A Dissertation on Lunacy, by Dr. Nathaniel Dwight.
- 1804 Essay on the Stafford Mineral Waters, by Dr. S. Willard.
- 1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
- 1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. H. Fowler.
- 1818 On Ergot, by Dr. William Udel.
- 1820 Dissertation on Typhus Fever, by Dr. Thomas Miser.
- 1821 Dissertation on Uterine Hemorrhage, by Dr. Samuel Rockwell.
- 1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
- 1823 Dissertation by Dr. Dyer T. Brainard.
- 1823 Dissertation on extra-uterine Conception, by Dr. Geo. Sumner.
- 1830 Dissertation on Diseases of the Ear, by Dr. Charles Hocker.
- 1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.

- 1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.
- 1837 An Address by the President, Dr. Thomas Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Isaac G. Porter.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Beaman.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Wason.
- 1841 An Address by the President, Dr. Silas Fuller.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amariah Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middlebrook.
- 1843 A Dissertation on Prolapsus, by Dr. Pinckney W. Ellsworth.
- 1844 A Dissertation on the Respect due to the Medical Profession and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
- 1846 A Dissertation, Practical Observation on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
- 1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. R. Fordyce Barker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Alvan Talcott.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. J. C. Hatch.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1852 An Address by the President, Dr. Rufus Blakeman, on the Early Physicians of Fairfield County.
- 1853 A Dissertation on Popularizing Medicine, by Dr. St. Beach.
- 1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. R. Casoy.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
- 1857 An Address by the President, Dr. Benjamin H. Calfin, on the Connecticut Medical Society.

- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
- 1858 An Address by the President, Dr. Benjamin H. Carlin, on the Claims of the Regular Medical Profession to the Confidence of the Community.
- 1859 An Address by the President, Dr. Ashbel Woodward, being an Historical Account of the Connecticut Medical Society.
- 1859 A Dissertation on the Insane, by Dr. Rufus Baker.
- 1860 An Address by the President, Dr. Ashbel Woodward, on Medical Ethics.
- 1860 A Dissertation on Hygiene, by Dr. A. B. Haile.
- 1861 An Address by the President, Dr. Ashbel Woodward, on Life.
- 1861 A Dissertation on Hereditary Predisposition, by Dr. J. B. Lewis.
- 1862 An Address by the President, Dr. Josiah G. Beckwith, on Medical Progress.
- 1862 A Dissertation, being a review of the present state of the question of Spontaneous Generation, by Dr. M. C. White.
- 1863 An Address by the President, Dr. Josiah G. Beckwith, on the Dignity and Grandeur of the Medical Profession.
- 1863 A Dissertation on Logic applied to Medical Science, by Dr. J. C. Jackson.

APPENDIX A.

Report of the Committee on Examination.

A semi-annual Examination in the Medical Institution of Yale College, was held July 30th, 1862.

There were present, on the part of the Connecticut Medical Society, Josiah G. Beckwith, M.D., of Litchfield, President; Lewis Barnes, M.D., of Oxford, Honore Barr, M.D., of Westbrook; and on the part of Yale College, Professors J. Knight, C. Harker, W. Harker, B. Siliman, Jr., and C. A. Lindsay.

Seven candidates, after submitting their Theses and passing a satisfactory examination, were recommended for the degree of Doctor in Medicine, viz:

ROBERT GRAY HARRARD, of New Haven, on "Arsenic."

BENJAMIN SEYMOUR CATLIN, M.A., of West Meriden, on the "Diagnosis of Variola, Rubella, and Scarlatina."

FRED AUGUSTUS DUDLEY, of New Haven, on "Typhoid Fever, compared with Fever in the Army of the Potomac."

J. WADSWORTH YOUNG, of New Haven, on "Anemia."

WM. HENRY THOMSON, of Fair Haven, on the "Use of the Microscope in Medicine."

CHARLES TOMLINSON, M.A., of New Haven, on "Hippocrates."

THOMAS HOWELL WHITE, B.A., of New Haven, on "Diarrhea."

NEWTON B. HALL, of Bradford, after reading a Thesis on "Diagnosis," and being approved by the Board, was licensed to practice Physic and Surgery by the President of the Connecticut Medical Society.

The Committee met for the Annual Examination, Jan. 10th, 1863, and continued in session two days.

There were present on the part of the Connecticut Medical Society, Josiah G. Beckwith, M.D., President; S. L. Child, M.D., Lewis

Barnes, M.D., Horace Barr, M.D.; and on the part of Yale College, Professors J. Knight, Charles Hooker, Worthington Hooker, Benj. Silliman, Jr., and C. A. Lindbley.

Eleven candidates, after examination, were recommended for the degree of Doctor of Medicine, viz:

JIMSON BOARDMAN ANDERSON, M.A., of Medisaville, N.Y., on "The Duties of the Physician," with the Valedictory Address.

ALBERT GORDON BROWNING, of Woodstock, Vt., on "Dysentery."

HENRY SYLVESTER CORNWELL, of New London, on "Peritonitis."

MARSH BRETTE FINE, of Stafford, on "Quinine and its Substitutes."

NEWTON BISHOP HALL, of Benford, on "Diagnosis."

CYRIL EDWARD HEMISTON, of Cheshire, on "Pneumonia."

CHARLES G. G. MERRILL, B.A., of Newburyport, Mass., on "The Emmenorrhœa."

WILLIAM CHESTER MINOR, of New Haven, on the "Mechanisms of Twisted Muscles."

WILLIAM ROBERT NORTH, of New Britain, on "Rheumatism."

CHARLES JOSEPH TENMANY, of Freehold, N. Y., on "Anæsthesia."

FRANK BENJAMIN TUTTLE, of Nagshead, on "Menses."

Two candidates, who were not eligible to degrees, received licenses to practice Physic and Surgery from President Beckwith of the Connecticut Medical Society, viz: JOHN GRAY, of Mystic River, and E. M. LEFFINGWELL, of Norwich.

In most cases the Candidates acquitted themselves very creditably, but with some there seemed to have been an undue preference for certain branches and a marked neglect of others; and it was evident that the private preceptors of several students had not done all that duty required, in pursuing a thorough and systematic course of instruction with the necessary recitations, &c.

It was also evident to the Committee, that some of the preceptors had not been sufficiently careful to inform themselves concerning the preliminary education of their students, or else had allowed them to commence medical reading, knowing that it was very deficient.

So long as there is no established preparatory course, nor any examination preceding the commencement of the study of medicine, the responsibility rests mainly with individual preceptors to decide

upon the fitness of the applicant as regards his educational acquirements and mental training, to enter upon the study of a profession which cannot be mastered successfully by one who has not a mind already in a good degree informed and disciplined.

The time to supply any defect of this kind, is before the commencement of the professional course, and not at its close, and he who realizes as he ought, his duty not only to the profession and community, but to the student himself, will insist upon a reasonably thorough preparatory education.

The Annual Address to the candidates was given on Thursday evening, January 15th, at the Medical College, by Henry Beeson, M.D.; on which occasion the degrees were also conferred by President Woolsey.

Horace Burr, M.D., was appointed to report the proceedings of the Board to the Connecticut Medical Society, as also to deliver the Address to the graduates in 1863; and Isaac G. Porter, M.D., of New London, was appointed to deliver the Annual Address in 1864.

The Board adjourned to 11 o'clock, a. m., of July 25th, 1863.

[Signed]

HORACE BURR.

APPENDIX B.

Report of the Nominating Committee.

To the President and Fellows of the Connecticut Medical Society:

The Committee of this Society appointed to nominate, on its part, Professors in the Medical Institution of Yale College, would respectfully report:

That a meeting of the Joint Committee of the Corporation of Yale College and the Connecticut Medical Society, was held agreeably to the call of the President of Yale College, at New Haven, May 1st, 1863.

Those were present on the part of the Corporation of Yale College, Theodore D. Woolsey, D.D., LL.D., Jeremiah Day, D.D., LL.D., and Benjamin Siliman, M.D., LL.D.

On the part of this Society, Denison H. Hubbard, M.D., Robert A. Muswarring, M.D., H. M. Knight, M.D., Joseph Palmer, M.D., and Ralph Denning, M.D. . . .

President Woolsey was called to the chair, and H. M. Knight appointed Secretary.

After due consultation, the Committee proceeded to ballot, and LEONARD J. SACFORD, M.D., was unanimously nominated to fill the vacancy occasioned by the death of Prof. Charles Barker.

HENRY M. KNIGHT, Secretary.

Lakeville, May 15th, 1863.

APPENDIX C.

Report of the Committee of Publication.

The Committee of Publication would report—

That several communications have been submitted for their consideration; they were received, however, at a late day, and consequently have not been very carefully examined: Those which possess merit and seem to the Committee to be worthy of publication are the following.

An Essay on the use of Calomel in Scarlatina, by Ebenezer K. Hunt, M.D., of Hartford.

A Dissertation on the Physiology of the Crystalline Lens, by Moses C. White, M.D., of New Haven.

The Sanitary Report of Hartford County for 1862, by Lucian S. Wilson, M.D., of Hartford.

Biographical Sketches of the late Luther Tiesee, M.D., and the late Jehiel Williams, M.D., by Josiah G. Beckwith, M.D., of Litchfield.

Other Papers which have been prepared for the present meeting of the Society the Committee have not had opportunity to examine.

Respectfully submitted by

HENRY W. BUELL, Acting Chairman.

APPENDIX D.

Report of the Committee on Registration.

It is clearly the duty of the State to take cognizance of, and if need be carefully to weigh and determine all matters vitally affecting the well-being and happiness of its citizens. The more intimately related to its prosperity a subject or interest may be, the stronger is its claim to consideration; and yet, it is the people, the intelligent and cultivated mind that is formed in it, that more than anything else, constitutes the State. Hence, it becomes the duty, not of the citizens alone as a body, but of each individual member of the commonwealth to do what in him lies, to develop and promote all its material interests: And what, among things material, more nearly touches its existence even, than those matters relating to the life, health, procreative and productive powers of the people! For, by whatever agency one more citizen is given to the State than she would otherwise possess, by so much the richer is she, as the total of all the value—sometimes incalculable—thereby secured, is greater than it would be without it; and the law or agency by means of which a single individual is added may, rightly applied, raise up many more to bless and strengthen her. This, it seems to your Committee, indicates the proper relation of the State, viewed in its broad and legitimate sense, to the subject before us, viz.; that of vital statistics in certain of their relations.

It is not to be supposed however, that every individual will fully appreciate, or even appreciate at all, his personal relation to it. The ignorant, narrow-minded and selfish, cannot be expected to extend the limits of their mental horizon beyond those topics which relate to their individual wants and desires; but the more intelligent a man becomes, especially the more widely he extends the scope of his

moral vision—becoming thus more thoroughly infused with that God-like principle benevolence—the more clearly and deeply will he see and feel his relation to this subject. Yet, among the cultivated and benevolent, there are some who may justly be expected to be more keenly alive to its importance than others, in consequence of its more frequently engaging their attention. Physicians as a class are from the nature of their calling, brought into such constant relations with the subject in some one or other of its aspects, that it may with a good degree of justice be claimed that they should take the laboring oar, if not the lead also, in all matters pertaining to it; not however, because their interests are more intimately connected with the proper disposition of it, than are those of society at large. Nor can the public reasonably expect at our hands, a more liberal expenditure, either of time or money in endeavor to compass the great purposes sought to be attained in a well-ordered and efficient system of registration, than others are ready to bestow; yet, we repeat, the feelings of a cultivated humanity should especially enlist, in measures of a practical character having this object in view, the hearty advocacy and cordial support of our profession.

It is apparent, that only by a well devised system of registration can the facts and deductions which constitute what is technically designated "*Vital Statistics*" be procured; and, though it is freely admitted that much diversity in plan and details may exist and perhaps should, in different regions or sections of our land, without affecting unfavorably the accuracy of results, yet it is equally clear that a certain uniformity in this particular should prevail, for purposes of ready and general comparison. The value of results in this department are graduated in no inconsiderable degree, by the gross amount—not by a few isolated or individual facts. Hence, any plan which will unite in a single result the aggregate returns furnished by a vast population, will attain a close approximation to, if not actual certainty in its conclusions.

It will further be admitted, that replies to certain enquiries usually found in the blank forms generally employed for this purpose, are almost indispensable to establish the prime fact of *identity* and among them, the name of the party in reference to whom the certificate is prepared—yet in a large proportion of our certificates of

births, that of the child is not given. Now, in after years, a child belonging in this class having grown up, some friend may desire to have a family history in which such person should be included; but he may have migrated or be out of reach at the time, and reference to the certificate of birth will avail little, if indeed it be worth anything. He may grow up a vagrant, and a town may need the above information in order to establish the fact that it is not peculiarly responsible for his support. Again, he may have become a soldier and died in his country's defence, leaving a dependent family: Establish his identity, and a pension for life is at once, and without cost, secure to his widow and fatherless children which, with proper effort and economy on their part, may be adequate to their support. Render it impossible or even reasonably doubtful on the other hand to establish this fact, and what is the result? A life-long dependence upon the cold charities of the world, or of friends perhaps ill able, as well as unwilling to afford relief, and too often the almshouse constitutes the painful lot of possible consequences for this trifling omission or neglect. Much then may depend simply upon a name. In numerous ways also, annoying and expensive litigation may result—ending too often in the alienation of friendships or of kindly relations between individuals and communities—from the want of some fact which a birth-certificate should contain.

Life insurance also has already become a great interest and is increasing; and by no other possible means than that under consideration, can insurer or insured ascertain, either that too much or not sufficient is paid for the risk assumed. At this moment, our rates for life insurance are copied from those established by some fourteen English companies whose tables have been based on the mortality of England, and are the result of many years of observation and comparison. The vital statistics of England are our guide because our own are not considered sufficiently accurate, and extended over a period sufficiently prolonged. Would it not be economy for the people of the several States to make up this deficiency as soon as practicable?

These illustrative examples however, important as they are, become insignificant when compared with the value of vital statistics as viewed in their special relation to the life, health, and physical

progress of the race. Through their aid we ascertain the mortality, both actual and relative, that takes place in different regions or localities—in one State as compared with another, or between the different wards of a city.

Having these positive data, the mind naturally and almost unavoidably begins to reason upon them, seeking for the causes which produce these several results. If the mortality in a given section is greater or less than in another whose area and population correspond, inquiry and investigation will be likely sooner or later to be made which will probably reveal the agencies operating to make the difference; and if they be injurious and preventable, opening the eyes of the people thereto may induce them promptly to apply a remedy. Further, it may be stated that whatever depresses or raises the death rates is very certain to react also upon the number of births, increasing or diminishing them in like proportion.

Moreover, among a population in which morbid agencies are at work, lowering in a marked degree the standard of vitality, the same influence will also make itself felt more or less upon the formation of the marriage relation. An unhealthy district—notoriously so—ultimately becomes the dwelling place only of the poor and thriftless, and so of vagabondage; and the marriage tie, if it is formed, will not be attended with salutary results upon population.

Material interests are in like manner and degree affected by whatever affects this standard. A feeble and sickly community, whatever other advantages it may possess, is never a growing or a prosperous one. Not only the lack of health forbids it, but also the want of that mental vigor and reach of thought which are only associated with a sound and healthy body.

And so, by the surest and simplest process, we deduce the great fact—which all, on reflection readily acknowledge—that the measure of vitality and associated physical vigor, are the measures also to a great extent, of growth and progress in all things.

The system of registration upon which we at present depend to procure the foregoing information is perhaps, in its main features, well enough; yet it cannot be denied that it is greatly defective, in that it requires only abstracts to be returned by the town registrars to the central office, instead of the certificates or a copy of them in full. The consequence of this is, that not a name leaves

the town in which it is recorded, and application at the central office, where it would be most natural to apply for information relating to such illustrative examples as we have given and numerous others, would not avail anything as the information could only be obtained by going from town to town—and not certainly, then.

All the advantages of our system however, might be secured by furnishing to every town Registrar, blank forms in sheets for his returns, as is now done, and in addition, the same in a bound volume of convenient size in which he is to preserve copies of the filled blanks which are from time to time to be sent to the central office. Thus, both the local and general wants of our citizens could be supplied with only the expense of the bound volumes over that now created in fulfilling the requirements of the law. In several of the States this plan was long since adopted, and is continued, which is good evidence that it proves satisfactory. As to procuring the names in certificates of births and deaths, particularly the former—of which only some six per cent are now returned—it should perhaps be indirectly compelled by requiring the Chief at the central office to certify to the completeness of all the certificates returned to him, before Registrars or others can receive pay for their services. This topic however, requires discussion and an extended comparison of views. No law relating to it will work smoothly and satisfactorily that does not command general favor. It will be observed, that without an application to the Legislature, our certificates of Births and Deaths for the current year have been rendered much more comprehensive and valuable by the insertion of several additional enquiries to our previous list. Several of our most intelligent registrars and others interested in the subject were consulted, and the certificates as amended, and we think improved, indicate the result of the conference.

With the certificates relating to marriages, our profession has no practical concern, as with those of births and deaths. Yet, as citizens of the Commonwealth having interests alike with others in this important institution, we may here perhaps with propriety lift up our voices in opposition to the scandalous looseness which prevails under it. No guard or provision which the State has enacted or prescribed to prevent the young and thoughtless on this one

hard, or the designing and criminal on the other, from entering into this relation may not readily be evaded and made of no effect. We propose not to dwell on this branch of the subject, but it is proper that an intelligent man, whose influence cannot fail to be felt throughout our State, especially in matters which affect the family relation, we should be apprised of the tenor of our laws on the subject and prepared to advocate a suitable reform. This may be accomplished by adopting the method pointed out last year in the valuable report of your Committee on Registration, which is more distinctly enunciated perhaps in the forthcoming report of the State Librarian, on Births, Marriages and Deaths. We have been politely favored with the opportunity of reading in manuscript this report, which we deem especially worthy of notice as containing, with other interesting material, several valuable tables generalizing certain results of much importance, and extending over the entire registration period—some fifteen years.

We propose to refer to, and briefly comment upon certain facts and statements therein made, as furnishing practical evidence of the vast importance of the information which it contains to the people at large.

We learn from it, first, that the births of the year 1882, were less by 1131 than they were the year previous, and the smallest number registered since 1855. Again, that the proportion of male to female births was less in 1882 than for several years previous, being 105.36 of the former, to 100 of the latter; while in 1882 it was in the proportion of 100.05 males, to 100 female births. Here is a somewhat remarkable fact for the vitalists to cogitate upon. On the other hand, the aggregate of deaths is greater than has been heretofore reported, being an increase of 805 over the year preceding, and also the largest ever registered in the counties of Hartford, New Haven, Fairfield and Litchfield—which is certainly another pregnant fact, our population having been less the past year than for several years previous: This however, may be partially accounted for, by the fact that the mortality among children between the ages of one and five years, was greater than in 1881, the increase being 447, which is more than half the increase in deaths.

There has been a falling off in the number of marriages, there having been 56 less in 1862 than in 1861; 335 less in the latter year than in 1860, and a less number than in any year since 1854. The excess of births over deaths the past year, was 2262, while in 1861 the gain was 4198, and in 1860, 4271. The increase of deaths the past year over the preceding by Zymotic diseases—a class supposed to measure the standard of health better than any other—has been 819, or 433 per cent. This has been mainly in Hartford and New Haven Counties, in which scarlatina and diphtheria were fatal in 1199 cases, or 1604 out of every hundred deaths by reported causes—more than one-seventh.

Another fact noted in the Report, your Committee regret to believe, viz; that physicians generally wait until the end of the year before making their returns to the Registrars. Several convincing reasons are assigned why this practice should be discontinued, a very important one being, that as regards accuracy in several particulars, it is likely to lessen the correctness of the returns.

The law is explicit and may be enforced, both as to births and deaths, and it is highly desirable that physicians should comply with its terms.

The value and importance, which are constantly increasing, of registration, are well set forth in the concluding part of the Report, which, together with the facts and considerations herein urged, your Committee earnestly commend to the favorable notice of their brethren throughout the State.

E. K. HUNT, *Chairman*.

APPENDIX E.

Report of the Advisory Board.

The Medical Board, having been requested by the last Convention to make a report of their proceedings, would submit the following statement.

There has been held, by order of the Governor, eight sessions, three of which were in Hartford, and five in New Haven.

We have examined forty-nine gentlemen, and of these, nine were recommended to be appointed as surgeons, and thirty-two as assistant surgeons.

We have also from time to time, from information which we have received, and from our own knowledge, recommended for promotion as Surgeons, several gentlemen now in the service; it is only right that those who are commended for their faithfulness and skill, should be suitably rewarded.

There has been one death in the profession in the service since our last report, viz; that of M. C. Leavenworth, M.D., Assistant Surgeon of 12th Regt., Nov. 14, 1862. He died at New Orleans, of Pthisis, and was justly respected for his kindness and his skill. One other death has occurred, that of Dr. Skinner, greatly lamented, but this was in one of the nine months regiments, and being out of our charge, is thus only alluded to here.

Complaints are not unfrequently made of the inattention, or want of skill, of those who have the medical charge of the Volunteers. It is believed that in most cases these are unfounded. The position of the Surgeon exposes him to complaint, more so probably than any other officer, but it is a matter of congratulation that we can state, that so far as our observation and information extend, the medical officers from this State have very generally been an honor to it and to the profession.

It is believed also that the opinion which has sometimes been ex-

pressed, that the majority of the Surgeons in the army were young and inexperienced, is also incorrect; and we beg to submit an extract from a letter from a Surgeon in the Department of the Gulf, who is well qualified to judge.

"I have made the acquaintance of several medical men of eminence, in this Department, from several of the different States. In point of ability, I think they will as a body, compare favorably with an equal number of medical men almost anywhere else to be found.

This is probably true in the army generally—more particularly since competent Medical Boards have been established."

Dr. Woodward has not been at our meetings since October 9th, having accepted the position of Surgeon of the 59th regiment, but requested that his name might be added to this report.

It ought to be mentioned that the examinations for appointments in the regiments for nine months were not made by this Board, but by the Surgeon General.

We have thought that it might be of some interest to the profession if a list of the medical officers connected with the different regiments for which our examinations have been made, were published, and we therefore submit the accompanying table, commencing with the 4th regiment and ending with the 21st.

The Surgeons and Assistants for the first three regiments, or three months men, were appointed by the Governor without examination; those for the regiments for three years, from the 4th to the 21st inclusive, upon the examination and recommendation of the Medical Board, and those from the 22d to the 28th, or nine months men, after examination as mentioned above.

GURDON W. RUSSELL,	} <i>Medical Board.</i>
P. A. JEWETT,	
ASHBEL WOODWARD,	

LIST OF SURGEONS AND ASSISTANT SURGEONS IN THE CONNECTICUT VOLUNTEERS, FROM THE FOURTH, TO THE TWENTY-FIRST REGIMENT, INCLUSIVE. ONLY THOSE WHO HAVE ACCEPTED APPOINTMENTS AND HAVE BEEN IN THE SERVICE, ARE MENTIONED.

FOURTH REGIMENT, OR FIRST REGIMENT OF HEAVY ARTILLERY.

Surgeon,	1st Asst. dr.	2nd Asst. dr.	Date of Commission.	Residence.	Remarks.
Samuel W. Skinner,			June 5, 1861.	Windice Locks,	
Edmund Bentley,			" "	Sarwick.	Promoted to Brigade Surgeon, Oct. 4, 1861.
Jonathan R. Stevens,			Oct. 4, "	Norfolk.	Resigned, Sept. 1, 1862.
Henry C. Bruce,			" 10, 1862	Glastenbury.	
Wm. Seab,			" 28, 1861	Grimmfield.	Promoted to Surgeon, 21st Regt., Sept. 3, 1862.
Ed F. Hendrick,			Sept. 5, 1862	Danbury.	Transferred to 16th Regiment, Jan. 6, 1862.
Henry A. Hayt,			Jan. 5, 1862.	New Haven,	

FIFTH REGIMENT.

Surgeon,	John B. Lewis,	July 3, 1861.	Rockville.	Promoted to Brigade Surgeon, April 21, 1862, now Surgeon U. S. Vols.
"	Wm. C. Bennett,	April 20, 1862.	Danbury.	
1st Asst. dr.	Wm. C. Bennett,	July 26, 1861.	"	Promoted to Surgeon, April 20, 1862.
"	Evelyn L. Busell,	May 20, 1862.	New Haven.	
2nd "	Samuel McClellan,	July 27, 1861.	"	Transferred to 6th Regiment, Jan. 31, 1862.
"	Evelyn L. Busell,	May 8, 1862.	"	Promoted to 1st Asst. Surgeon, May 20, 1862.
"	Andrew J. Gibson,	Jan. 26, 1863.	Bridgeport.	

SIXTH REGIMENT.

Surgeon,	Date of Commission.	Residence.	
1st Asst. do.	Sept. 3, 1861.	New Haven.	Promoted Surgeon, 20th Regt., June 14, 1863.
" " do.	" "	" "	
2nd " do.	July 3, 1862.	Hoboken.	Reassigned, Jan. 3, 1862.
" " do.	Sept. 7, 1861.	Windsor.	Transferred to 13th Regiment, March 14, 1863.
" " do.	July 27, "	New Haven.	Detached 1st Asst. Surgeon, July 9, 1863.
" " do.	April, 1862.	Hoboken.	
" " do.	July 2, "	New Haven.	

SEVENTH REGIMENT.

Surgeon,	Aug. 28, 1861.	New Haven.	Promoted to Brigade Surgeon, Aug. 1, 1862.
1st Asst. do.	Oct. 10, 1862.	Portland.	
2nd " do.	Aug. 28, 1861.	New Haven.	
" " do.	" "	Plymouth.	

EIGHTH REGIMENT.

Surgeon,	Oct. 4, 1861.	Colchester.	Disch. April 18, 1862.
1st Asst. do.	Sept. 21, "	Norwich.	Promoted Surgeon of 12th Regt. Aug. 14, 1862.
" " do.	April 25, 1862.	Barnford.	
" " do.	Aug. 26, "	Glastenbury.	
2nd " do.	" "	North Canaan.	

NINTH REGIMENT.

Surgeon,	Oct. 4, 1861.	New Haven.	Transferred as 2nd Asst. Surg. to 12th Regt., March 14, 1862.
1st Asst. do.	Nov. 13, "	Hartford.	
2nd " do.	Feb. 25, 1862.	New Haven.	
" " do.	March 12, 1863.	Stonington.	

THIRTEENTH REGIMENT.

Date of Commission.		Residence.
Surgeon,	Benjamin N. Comings,	Nov. 6, 1861. New Britain.
"	Nathan A. Fisher,	March 7, 1863. Norwich.
"	George Clary,	May 25, " Hartford.
1st Asst. Surg.	George Clary,	Nov. 9, 1861. "
2d " "	Nathan A. Fisher,	Feb. 4, 1862. Norwich.
" " "	Samuel McClallen,	March 14, 1863. New Haven.
" " "	Liam W. Clark,	July 9, " Winchester.

Resigned, Jan. 26, 1863.
Resigned, June 16, 1863.

Promoted to Surgeon, May 28, 1863.
Promoted to Surgeon, March 7, 1863.
Promoted to 1st Asst. Surgeon, July 9, 1863.

FOURTEENTH REGIMENT.

Surgeon,	Philo G. Bockwell,	July 10, 1862. Waterbury.
"	Fredrick A. Dudley,	April 2, 1863. New Haven.
1st Asst. Surg.	Levi Jewett,	Aug. 11, 1862. Windsor Locks.
2d " "	Fredrick A. Dudley,	" " " New Haven.

Resigned, March 6, 1863.

Promoted to Surgeon, April 2, 1863.

FIFTEENTH REGIMENT.

Surgeon,	H. V. C. Holcomb,	Aug. 14, 1862. Branford.
1st Asst. Surg.	Edward O. Cowles,	" 1, " New Haven.
2d " "	Eli F. Hendricks,	Jan. 5, 1863. Danbury.

SIXTEENTH REGIMENT.

Surgeon,	Alvan S. Warren,	July 28, 1862. Weathersfield.
"	Nathan Meyer,	Jan. " 1863. Hartford.
1st Asst. Surg.	Nehemiah Nickerson,	Aug. 16, 1862. Saybrook.
2d " "	E. M. Posen,	" " " South Windsor.

Resigned, Jan. 23, 1863.

SEVENTEENTH REGIMENT.

Date of Commission. Residence.

Surgeon, Robert Hubbard,
1st Asst. do. Robert O. McEwen,
2nd " " Elijah Gregory,

Aug. 11, 1891, Bridgeport.
" 16, " Stratford.
" " " Bridgeport.

EIGHTEENTH REGIMENT.

Surgeon, Charles M. Carlton,
" Lowell Holbrook,
1st Asst. do. Josiah B. Harrington,
2nd " " Henry W. Hough,
" " " Wm. B. North,

Aug. 6, 1892, Norwich.
April 23, 1893, Thompson.
Aug. 11, 1892, Sterling.
Sept. 20, " Putnam.
March " 1893, New Britain.
Resigned, April 21, 1893.
Resigned, March 6th, 1893.

NINETEENTH REGIMENT.

Surgeon, Henry Flinch,
1st Asst. do. John W. Lawton,
2nd " " John W. Lawton,
" " " Robert G. Hazard,

Aug. 10, 1892, New Milford.
Oct. 28, " Naugatuck.
Aug. 16, " "
Oct. 28, " New Haven.

Promoted to 1st Asst. Surgeon, Oct. 28, 1892.

TWENTIETH REGIMENT.

Surgeon, Wm. B. Caser,
" Edward Bulkeley, Jr.,
1st Asst. do. J. Wadsworth Terry,
2nd " " Dan L. Jewett,

Sept. 5, 1892, New Haven.
June 6, 1893, "
Sept. 5, " "
Aug. 16, " East Haddam.
Resigned, May 24, 1893.

TWENTY-FIRST EDITION

Surgeon,	Wm. Smith, J. Hamilton Lee, 1st Asst. do, Lewis E. Dixon, " " " J. Hamilton Lee, 2nd " " J. Hamilton Lee, " " " Charles Tremant, " " " Francis D. Edgerton,	Date of Commission.	Residence.
		Sept. 3, 1862.	Gloucester.
		April 21, 1863.	Norwich.
		Aug. 16, 1863.	Plainfield.
		Feb. 21, 1863.	Norwich.
		Aug. 28, 1863.	"
		Feb. 21, 1863.	Windsor.
		July 9, "	East Hampton.

FIRST BATTALION, NOW FIRST REGIMENT OF CAVALRY.

Aut. Surgeon, George C. Jarvis,	[Dec. 11, 1891] Portland,	[Presented to Surgeon 7th Regt., Oct. 10, 1892]
" " Thomas E. Back,	Oct. 10, 1892	"

FIRST LIGHT KATERYN.

Asst. Surgeon, George A. Harbart,
[Dec. 11, 1861.] Glensbury,

SECOND LIGHT BATTERY

APPENDIX F.

Report of Russell Prize Committee.

The Committee to whom was assigned the duty of selecting subjects for Dissertations, and of awarding the premiums for that which they shall decide to be the best, submit the following:

I. Prophylaxis, as it relates to *Phthisis pulmonalis*.

II. Calomel and Tartar Emetic: What constitutes their appropriate use; and, in the present state of medical knowledge, can the interests of humanity be equally subserved by any substitute or substitutes?

Dissertations on the foregoing subjects must be transmitted to the Chairman, on or before the first Wednesday of April, 1864.

Competition for the prize will be limited to practitioners of medicine now resident of this State, and the author of the successful Dissertation, on either of the subjects named, will receive the premium of Fifty dollars.

Each Dissertation must be accompanied by a sealed packet on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

Unsuccessful Dissertations will be retained by the Chairman, subject to the order of their authors, for one year.

The Committee reserve the right to withhold the premium in case no Dissertation received shall be considered by them to be worthy of the prize.

E. K. HUNT, HENRY M. KNIGHT, CHARLES L. IVES,	} Committee.

Date Due

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AUG - 4 1958

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